NO CK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)





Date of Notification (1)	25 /	14				Owner/Operator (2 Department of Co			-	Ç.		
Agencies Notified T	ype Notificat Initial			Street	Address Ward Av		2			· ·		
☑ DOLWD ☑ DHSS ☐ DCA (NJAC 5:23-8)	Amended	n)	_	City, Si Boro	ate, Zip C	ode NJ 08505	3	C LICENS!			2	
	_ Cancellati	011		- 5550				l		-		
				FAC	ILITY IN	FORMATION						
Name of Facility Where About Albert Wagner Correct Street Address		aking Place	(3)) (Other than K-12)				
500 Ward Ave							homes, etc.)	ivate and commerci		1000	100	
City (5)							Square Feet	# of Floors		ig. Ag I 0+	je	
Bordentown				-			20000	2		FU+		
County (6) Burlington				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Name of Monitoring Firm H	lired by Ruild	ing Owner (8)	ASCM I	Vo.	Name of Abateme	ent Contractor (9)			TEAN		
Environmental Conn	and the second s	ing Owner (,	ACOM I	10.		VIRONMENTAL					
Street Address	COLIOIT			1 222		Street Address		7 11.71				_
120 N Warren Street						1123 BEAVE	RSTREET					
City, State, Zip Code						City, State, Zip Co					_	
Trenton, NJ 08608				BRISTOL, PA								
Project Manager for Monito	orina Firm		Tele	phone I	No.	Telephone No.		License No.	A (100)			
Richard Beach	3			09-392		215-788-6040		00509				
Start Date (10)	S	cheduled C	omple	tion Dat	te (11)	Name of OSHA M	Ionitor					
ON HOLD		/				BRISTOL EN	VIRONMENTAI	L, INC.				
Occupancy Status During A	Abatement (C	Check only o	ne)			Street Address	HEADER AND THE STREET					
☐ Facility Closed/Vacated						1123 BEAVE	R STREET	•				
Abatement Performed C					cribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all t	hat apply)		-1=69=					-the December				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re □ De				☐ Mini-End	Procedure	n-Friable Procedure				
						⊠ Non-Exe	mpted (*) and No	II-FIIable Flocedule	_	atem	not To	uno.
Location o Asbestos-Containing M TO BE ABAT IN Facility (13)	laterial (ACM <u>ED</u>	Use Ma	intena	ally ely by ance/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Water Closet	-				Pipe In:	sulation		7 LF	×			
Stairwell			\boxtimes		Pipe in	sulation		12 LF		\boxtimes		
Name of Registered Waste	Hauler		1	NJDEP N	Vaste	Cubic Yards of	Name of Regis	stered Landfill	-	Ė		
Service Transport G			H	dauler II 20990		Waste 1	Minerva La	andfill				
City, State New Castle, DE						Disposal Date 8/5/14	City, State Waynesbu	ırg, OH				
Completed By (Print or Typ	oe)	Title Estima	tor			Signature Line P	zzigori	Dat	e 8/	11/	14	,
ACD 44			7797				10 11	10		50.00		

ASB-41 MAY 11

GI 14127

* Do not use this form for asbestos licensure exempted activities.

Ch# 2675

Date of Notification (1)									و المدر	-01		
7 / 25	/ 14					g Owner/Operator (Department of C	0.000					
		 55		- 512	ite oi No	Department of C	orrections					
Agencies Notified Type No ☐ EPA ☐ Initia	tification			0.21005	t Address							
☑ DOLWD Y194 ☐ Ame			L) Ward A							
	ndment #			City,	State, Zip (Code	14					
	gency (incl	uding		Во	rdentowr	NJ 08505						
(NJAC 5:23-8) justif	ication)		Γ	Name	of Contac	t		Telephone Nu	mber			
☐ Cano	ellation			Jol	nn Gibers	ion						
				FA	CILITY IN	FORMATION		1				
Name of Facility Where Abatemen	is Taking I	Place (3)				Type of Facility	(4)				
Albert Wagner Correctiona	l						School (K-12					
Street Address					-		Subchapter 8	(Other than K-	12)	250700		
500 Ward Ave							Other (i.e., pr homes, etc.)	rivate and comm	nercial b	uildin	gs,	
City (5)			1.75				Square Feet	# of Floors	Tp	ldg. A	00	
Bordentown							20000	2	1	40+	ge	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	I -	liah ad\	40⊤		
Burlington					, 5565 (.	MOTRIE GOE ONE IT	Current Ose (Fil	or it being demo	nisnea)			
Name of Monitoring Firm Hired by	Building Ov	mer (8) [ASCM	No	Name of Abateme	nt Controlto (0)					
Environmental Connection		(5	' '	(OO)VI	140.	P		ING				
Street Address						Street Address	VIRONMENTAL	_, INC.				
120 N Warren Street												
City, State, Zip Code		-				1123 BEAVE						1000
Trenton, NJ 08608						City, State, Zip Co						
Project Manager for Monitoring Firm			Talas		N	BRISTOL, PA	19007					
Richard Beach	11		100	hone	-4200	Telephone No.		License No.				
Start Date (10)	Cohodul	-d C				215-788-6040		00509				
8 / 4 / 14	Schedul				14	Name of OSHA M						
					14	BKISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During Abateme						Street Address						
☐ Facility Closed/Vacated During I ☐ Abatement Performed Outside of	f Normal E	a of At	atem	ent	:	1123 BEAVE	10.100.000.000.000.000.000.000.000.000.					
Time of Abatement:AM-	PM/	5:00PI	70urs VI-2:3	- Des BOAM	cribe	City, State, Zip Co						
Scope of Work (Check all that apply					_	BRISTOL, PA	19007					
	()					☐ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf	-	Rend				☐ Mini-Encl	osure	o , ,ooouio				
≥160 sf or ≥260 lf	L] Dem	olition	1		☐ Glovebag	Procedure mpted (*) and Nor	Friehla Danas	123223			
		Is I	ocatio	n n		⊠ Noll-Exel	ripted () and Nor	1-Friable Proced		77		
Location of		No	rmally	у		Description of				atem	ent T	ype
Asbestos-Containing Material (A	CM)	Used Maint	Solely	y by	Asbes	tos Containing Mat	terial (ACM)	Amount	Rer	Rep	Enc	En
TO BE ABATED IN Facility		Custo			(i.e.	, thermal systems i		(Specify	Removal	Repair	ap	Enclosure
(13)		(12)			surfacing, VAT, other miscellaned		SF or LF)	8		Encapsulate	ure
	,	res	No	N/A							te	
Water Closet	0	3 [Pipe Ins	ulation		7 LF	\boxtimes	П		П
Stairwell			3		Pipe ins	ulation		12 LF				
			7		•				무	-		
									ᆜᆜ	Ш	Ш	Ш
			1									
Name of Registered Waste Hauler				DEP V		Cubic Yards of	Name of Regist	ered Landfill				
Service Transport Group Inc	•0.		A 100 S C S C S C S	uler ID 20990	2020070330	Waste 1	Minerva Lai	ndfill				
City, State			-			Disposal Date	City, State		-		-	
New Castle, DE						8/5/14		g, OH				
Completed By (Print or Type)	Title					Signature	0 -		ato			
		mator					was some	1A.	7/20	-/14	1	
		mator				8/5/14 Signature	City, State Waynesbur	1-0 0)ate 7/2	-/15		_

* Do not use this form for asbestos licensure exempted activities.

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NO CK

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TIFICATION	OF ASBE	STOS AB	ATEMENT	
(Pursuant to	N.J.A.C.	8:60 and	12:120)	S

Date of Notification	⁽¹⁾ 7/16/14		N	ame o	of Bu		Owner / Operator	(2)	* * ** *	·	* ******	-		
Agencies Notified EPA	Type Notifica	tion	S	treet	Addr				in Alle.	- 5 P	1 1			
☐ DEP						& Zip C			· ··· · · · · · · · · · · · · · · · ·	·				
□ DOL	Complete Com	ded R#1-8/1/14	27				J 08077		± 1.11.	Tele	phon	o Nu	mha	-
□ DOH □ DCA		gency ellation	1.000			ontact YLOR		9	- L10	Tilifele	priori		rioc C	
				FAC	ILIT	Y INF	ORMATION						- 1	
Name of Facility W			ice (3))			Type of Facility School (K-							
Street Address	TICAL OTTIC	-					Subchapte	er 8 (Other than	n K-12)				000000	
1700 RIVERTON	ROAD						Name of the last o	private & comi					c.)	
							Square Feet	# of Floo	rs	Bldg	. Age			
City (5)		County (6)	Cou	inty C	code	(7)	17000		2					
CINNAMINSON		Burlington					Current Use (P		molished)					
							COMMUNICA		- (0)		-100			-
Name of Monitoring	Firm Hired b	y Building Own	er (8)		AS	CM No	Name of Abate BRISTOL EN	ment Contract	OF (9)					
USA ENVIRONM	IENTAL MAI	NAGEMENT		- //-	1		Street Address		AL ING					
Street Address 8436 ENTERPRI	SE VAL							1123 BEAVER STREET						
City, State & Zip C							City, State & Z			2-2-10-1				
PHILADELPHIA							BRISTOL, PA							
Project Manager fo	ject Manager for Monitoring Firm RK JENKINS				Nun 810		Telephone Number License Number 215-788-6040 00509							
Scheduled Start Da		Scheduled Com		_			Name of OSH				10			
ON HOI							BRISTOL EN		TAL INC					
Occupancy Status	During Abate	ment (Check or During Entire P	ly one	e) of Aba	atem	ent	Street Address 1123 BEAVE							
Abatement	Performed O	utside of Norma	al Hou	ırs ~	7am	to 3pm								
	5:00 PM -1						BRISTOL, PA	A 19007						
I .	cupied During													
Scope of Work (Ch	neck all that a	oply)		,				✓ Full Con	tainment wi	th Nea	ative	Pres	sure	
	LE .			Por	nova	ion	ı I			9		101070		00
≥3 sf or ≥3≥160 sf ≥2			A		noliti		ľ		ag Procedu	res				
≥160 sf ≥2	60 II			00.		011	Non-Exempted and Non-Friable Proc						cedu	re
	ocation of		Is	Locat	ion		Description		Amou		Aba	tem	ent T	ype
	stos-Containir	ng		nally		i l	Asbestos-Cont		(Speci SF or L				т	
	aterial (ACM)	•		olely tenar			Material (AC (i.e., thermal sy		3F 01 L	- ()	Re	R	Encapsulate	Enclsoure
10	BE ABATED in Facility		Custo				insulation, surfaci	ng, VAT			Remova	Repair	psu	Isou
	(13)			(12)			or other miscella	ineous)			<u>a</u>	7	ate	6
			Yes	No	N/	Α			4000 (
Basement Area			\boxtimes				VAT/MAST	IC	1900 \$	SF	M	H	H	H
			Ц	닏	1			-			H	H	片	片
			Ц.	님	1=			-			H	H	H	H
			H	님	+						片	H	H	H
			님	H	+						Ħ	Ħ	Ħ	而
10 11	- d Marta Hay	lor		I L	IDE	□ □ □ Wast	e Cubic Yards	Name of Regi	stered Land	dfill				
Name of Register	ed vvaste nat	iei		0.000		ID No.	프레 [4구]일상(1)(1)(1) ((() () () () () () () (
SERVICE TRAN	SPORT GR	OUP, INC.		20	0990)	20	MINERVA L	ANDFILL					
City, State NEW CASTLE,							Disposal Date	City, State WAYNESBU	JRG, OH 4	14688				
Completed By (Pr			1-12-00	Ti	itle		Signature				Date			
PATRICK T. De				100.00	0.0000000	I. MGF	2. Patrick	1. De C	ano !	.1	7/16	/14		
							1 work	1 0	17	~	-	-		-

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Cle#2665

Date of Notification (1) 7/16/14		Name of Building O VERIZON COMM		(2)						
Agencies Notified Type Notifica	tion	Street Address	UNICATIONS							
⊠ EPA966/		1700 Riverton Ro	oad							
☐ DEP ☐ Initial		City, State & Zip Co								
☑ DOL9654 ☐ Amen	45.22	Cinnaminson NJ	08077							
DOH9647 ☐ Emergence Domestall Domestall		Name of Contact			Tel	ephon	e Num	iber		
☐ DCA ☐ Cance	ellation	ALEX BAYLOR								
		FACILITY INFO								
Name of Facility Where Abateme		(3)	Type of Facility School (K							
Street Address	· C			er 8 (Other than K-	12)					
1700 RIVERTON ROAD				private & commerc		home	s. etc.)		
1700 RIVERTON ROAD			Square Feet	# of Floors		g. Age		,		
City (5)	County (6)	County Code (7)	17000	2						
CINNAMINSON	Burlington	Ø 18	Current Use (F	rior if being demoli	ished)					
On the state of the			COMMUNICA	ATIONS						
Name of Monitoring Firm Hired by	Building Owner ((8) ASCM No.								
USA ENVIRONMENTAL MAN	AGEMENT			IVIRONMENTAL	INC					
Street Address			Street Address 1123 BEAVE							
8436 ENTERPRISE AVE City, State & Zip Code			City, State & Z				-			
PHILADELPHIA PA 19153			BRISTOL, PA							
Project Manager for Monitoring F	irm Tel	lephone Number	Telephone Nu	mber	License Nur					
MARK JENKINS	21	5-365-5810	215-788-604)						
()	Scheduled Comple	etion Date (11) 1 5/14	Name of OSH	A Monitor I VIRONMENTA L	INC					
8/4/14 Occupancy Status During Abater			Street Address		INC					
Facility Closed/Vacated [During Entire Perio	od of Abatement	1123 BEAVE							
Abatement Performed Ou			City, State & Z							
Describe: 5:00 PM -1			BRISTOL, P	A 19007						
Facility Occupied During										
Scope of Work (Check all that ap	ply)			Full Containr	nent with Ner	native l	Pressi	ire		
≥3 sf or ≥3 lf		Renovation		Mini-Enclosu		gativo .	10000	0		
≥3 \$1 01 ≥3 11 ≥160 sf ≥260 lf		Demolition	i	Glove Bag P						
2100 31 2200 11				Non-Exempte		riable	Proce	dure		
Location of		Is Location	Description		Amount	Abat	emen	t Type		
Asbestos-Containin	g No	ormally Used	Asbestos-Cont	2002000 MA	(Specify					
Material (ACM)	M	Solely by aintenance or	Material (AC (i.e., thermal sy		SF or LF)	Z.	70	S E		
TO BE ABATED in Facility	NOTE:		nsulation, surfaci			Remova	Repair	Enclsoure		
(13)	N 200		or other miscella			va	=	Enclsoure		
	Ye	es No N/A								
Basement Area			VAT/MAST	TC	1900 SF			내님		
						믺	닏냐	리님		
						-121	닏닏	414		
						井井	닉뉴	러남		
						++	HH	러뷰		
110/		NJDEP Waste	Cubic Yards	Name of Registere	ed Landfill					
Name of Registered Waste Haul	el		of Waste	Traine or regiotors	ou curium					
SERVICE TRANSPORT GRO	UP, INC.	20990	20	MINERVA LAND	FILL					
City, State		**	Disposal Date	City, State	OU 44000		7.V			
NEW CASTLE, DE 19720		Tru -	Classition	WAYNESBURG						
Completed By (Print or Type)		Title PROJ. MGR.	Signature	P. O Caro	/ io	Date 7/16/1	14			
PATRICK T. DeCaro		FROS. MIGR.	takeck /	1. O Caro	1/					

NO CK

ETS JOB # 4243/14						AMENDINE	
Date of Notification (1) 7/31/14		Name of Build THE PORT A	ing Owner	/ Operator (2)	ORK & NEW	JERSEY	PM 3:40
Agencies Notified Type Notification EPA		Street Address 241 ERIE ST	5	OOM 236	3	3	STATE JE
DEP Initial Notif		City, State & Z				Ce Lit.	ranki.
DOL Amended	The contract of the contract o	JERSEY CIT		310			
DOH Cancellation	27.5	Name of Cont		N=		1376	elenhone Number
DCA		MR. RALPH					
		FACILITY	INFORM	IATION		V	
Name of Facility Where Abatement is ALASKA AIRLINES - TERMINAL			Typ	oe of Facility (4) School (K-12)			
TICKETING MACHINES Street Address				Subchapter 8 (0	Other than K-1	12)	
NEWARK LIBERTY INTERNATION	NAI AIRPO	RT	I⊳	Other (i.e., priva			s, homes, etc.
3 BREWSTER ROAD	ALL AIR O				# of Floors		dg. Age
	nty (6) Co	ounty Code (7)		1.2 MIL.	2		50+
NEWARK ESS	The second secon	•	Cu	rrent Use (Prior if RPORT	being demolis	shed)	
Name of Monitoring Firm Hired by Buil CARDNO ATC	ding Owner (8)	ASCM		me of Abatement)	
Street Address 104 E. 25TH STREET - 10 TH FLO	OR			eet Address O CLAY STREE	ΞT		
City, State & Zip Code NEW YORK 10010			Cit	y, State & Zip Co	de		
Project Manager for Monitoring Firm PATRICK SISK		phone Numbe -353-8280	r Te	lephone Number 8-706-6300		License Nu	umber 00511
	duled Completi	on Date (11)	7.7.2.25	me of OSHA Mor	nitor		
Occupancy Status During Abatement Facility Closed/Vacated During	(Check only on	ie)	Str	eet Address 59 JACKSON	AVENUE		
Abatement Performed Outside			Cit	y, State & Zip Co			
Describe: MONDAY - FRI Other - Describe:				ONG ISLAND C		01	
Scope of Work (Check all that apply) □ Demolition □ Large Project □ Quantity is ≥ 3 SF or ≥ 3 LF A □ Quantity is ≥ 160 SF or ≥ 260				Mini-End	tainment with closure g Procedure	Negative P	ressure
Location of		Location		Description of		Amount	Abatement Type
Asbestos-Containing Material (ACM) TO BE ABATED	5	mally Used Solely by ntenance or	1	oestos-Containing Material (ACM) , thermal systems	Squa	Specify are Feet or ear Feet)	(Specify: Removal, Repair, Encapsulation or
in Facility (13)		todial Staff? (12)	insula	tion, surfacing, V. her miscellaneou	AT	,	Enclosure)
GROUND FL TERMINAL A - PASSENGER SELF TICKETING MACHINES		NO	FI	REPROOFING	D 10	12 SF	MINI ENCLOSURE
MACHINES				44.600			
Name of Registered Waste Hauler TRI-STATE TRANSFER	NJD	EP Waste Hau		Cu. Yds. of Wa	aste Nam	e of Registe ERVA EN	ered Landfill TERPRISES, INC.
City, State 1199 RANDALL AVENUE, BRON	IX, NY 10474			Disposal Date TBD	9000	State MINERV YNESBUR	A ROAD, RG, OH 44688
Completed By (Print or Type) Richie Smith	ecutive		Signature	A	1/5	Date 7/31/14	

CK 19265





Date of Notification (1) 07/31/2014			Building Owner/G AWAY BORO			OI DISTR	ICT	-					
Agencies Notified Type Notification	-	Street A		UGH 3	SCHO	OL DISTR		AUG (- 7 P	17 3	. i · !		
			AST MAIN ST	REET					100 ROSS		٠. د		
DEP Amended			te, Zip Code	000			0		-				
Emergency (in			AWAY, NJ 07	866				LILE	NJ	No	,	9:	
X DOH justification) X DCA			PLETON				Teleni)U JE		1	1	
		FACI	LITY INFORMAT	ION		7. 							
Name of Facility Where Abatement is Taking LINCOLN ELEMENTARY SCHOOL	Place (3)				eren	of Facility (4)							
Street Address						School (K-12) Subchapter 8		than K-12	2)				
37 KELLER AVENUE						Other (i.e. pri				dings,	home	es,	
City (5)				-		e Feet	# of FI	loors	В	ldg. A	ge		
ROCKAWAY													
County (6) MORRIS		County (Code (7) JSE ONLY)		Curre	nt Use (Prior	if being	demolish	ed)				
Name of Monitoring Firm Hired by Building Ov		ASCN				tement Contr							
WEST CHESTER ENVIRONMENTA	AL, LLC	0012	7				HERS CONTRACTING, INC.						
Street Address 307 NORTH WALNUT STREET					Addres RUTH		RD BOULEVARD						
City, State, Zip Code WEST CHESTER, PA 19380					tate, Zip Code TON, NJ 07014								
Project Manager for Monitoring Firm		Telepho	ne No.			one No. License No.							
PHILLIP CONTEH	38.7	1 10 10 10 10 10 10 10 10 10 10 10 10 10	31-7545		956-8		0	0494	- A.P.				
	Scheduled Cor 08/04/2014	CONTRACTOR STATE OF THE	Date (11)			IA Monitor NO 9 (AB	OVE)						
Occupancy Status During Abatement (Check	Only One)	Street Address						_					
Facility Closed/Vacated During Entire Pe													
Abatement Performed Outside of Norma Other – Describe: FRIDAY AFTER 4PM	Facility Hour	S		City, S	tate, Zi	p Code							
Scope of Work (Check All That Apply)	-			1	1111111								
≥3 sf or ≥3 lf	Renova	ation		×	Full	Containmen	t with N	egative P	ressu	re			
≥160 sf or ≥260 lf	Demoli	tion		F		i-Enclosure vebag Proce	dure	_					
					Nor	-Exempted (*) and N	lon-Friab	e Pro	10-11 - 2-12	1000		
	Is Locat									Abate Ty	ement pe		
Location of Asbestos-Containing Material (ACM)	Norma Used Sole	ely by	De Asbestos Con	scription		(ACM)	Amo	ount					
TO BE ABATED In Facility	Maintena Custodial		(i.e. thermal		s insula		(Spe	cify	Ren	Re	inca	Encl	
(13)	(12)			niscellar			31 01	,	Remova	Repair	Encapsulate	Enclosure	
	Yes No	N/A							-		te	Ф	
ROOM B7		X	CEII	LING T	ILE		400	SF	X				
ROOM B7		X	PIPE I	NSULA	NOITA		4 L	-F	Х				
Name of Registered Waste Hauler		NJDEP W	aste Cubic	Yards		Name of Re	enistere	d Landfill					
TWO BROTHERS CONTRACTING,	NC F	Hauler ID 8743			= -	GROWS	3.0.010						
City, State CLIFTON, NJ 07014		neste suit viilik	Dispo	sal Date		City, State MORRIS	VILLE	PA 19	067				
Completed by	Title			Signature			V 1444	, FA 19					
VIVECA RAMOS		COOF	RDINATOR										

	2 Two Brother		actin	g			F	XX973 956 88	M		2012/201	002.
IEMBER – MAIL	IN HARD CO)PY	A STATE OF THE PARTY OF THE PAR	MOTADI	ato of New Jersey I OF ASBESTOR AI to NJAC 8:50 and				DOL	-	10 C	AY
Date of Notification (1) 07/31/2014			T	Name o	Building Owner/Op AWAY BOROU	erator (GH S	2) CHOOL DIST	RICT	AU	G1		014
Agencies Nollfled	Type Notification	١		Straet A	ddress AST MAIN STR	EET		4	Ć¢	A	M	bih
SPA DEP B DOL	inital Amended Amended		_ [ite, Zip Code AWAY, NJ 0786	56		W/	AIVE	RA	PPR	OV
NOON NOON	just floation Cancellation)		Name g	Contact PLETON			Tatechane	Numbe	ſ		
				PAC	LITY INFORMATIO	H					-	
Name of Facility Where LINCOLN ELEMEN Street Address 37 KELLER AVEN	NTARY SCHO) ——	•			Type of Facility (School (K-1 Subchapter Other (I.e. ;	50.800	K-12) nerojaj b	olidine	a, hom	BS,
City (5) ROCKAWAY							Square Foot	# of Floors		Bldg	Age	
County (d) MORRIS					Code (?) USB OHLY)		Current Use (Pri	or if being dem	olished)			
Name of Monitoring Firm WEST CHESTER I				ASCN 0012			BROTHERS		TING,	MC.	,	7
Street Address 307 NORTH WALK	IUT STREET						Addmin RUTHERFORI	D BOULEV	ARD	į s	. ;	
Cily, Stale, Zip Code WEST CHESTER,	PA 19380			0.000			ote, Zip Code TON, NJ 0701	4		, (. ;	
Project Manager for Mor PHILLIP CONTEH	nitoring Firm			Talapho 610-43			58-8700	Licen 0049	ss No. 14		i	~
Start Date (10) 0B/01/2014		Scheduk OB/04/2		npiellon			AS NO 9 (A	BOVE)		Ĝ		c
Occupancy Status Durin						Street A	Address				'	c
Abstement Perform Dihar - Describe;	FRIDAY AFTER 4	mal Papilly	Hours)		Olty, Bo	ale, Zip Goda		-	7.7		
Scope of Work (Check A 23 of or 23 if 2100 of or 2200 if	of Thet Apply)		lenova Islame			800	Mini-Englosum Glovebag Pro-	From the contract of		3.00(3)	va e	
Location	ı of		Locati	ly	Desc	ription i				Ab	iteman' Typa	
Asbestos Contakting TO BE AB in Pacil (13)	Meterial (AGM) ATED Ity	Mai	d Sole International Indial S (12)	nos/ Stoff?	Asbastos Contai (i.e. therms) sy surfacir other mis	ning Mi yetems ng, VAT	insulation,	Amount (Specify SF or LF)	CONCESSION OF THE PERSON OF TH	Removal	Bheapaulate	Endosure
		Yes	No	NA							ar .	Ĺ
ROOM	87			X	CEILI	יד פע	LE	400 SF	X	\neg		1

ASB-41 (R-09-08)

Name of Registered Waste Hauler

City, State CLIFTON, NJ 07014

Completed by VIVECA RAMOS

TWO BROTHERS CONTRACTING, INC.

"Do not use this form for asbestoe licensure exampled activities.

MORRISVILLE, PA 19087

Date

07/31/2014

Name of Registered Landilli

GROWS

Chy, State

33 -8 Hd S-9714 MB

Cubio Yarda of Waste

08/0#/2014

NJDEP Weste Hauler ID No. 18743

PROJECT COORDINATOR





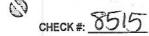
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

	otification (1):		Name o	of Build	ling Own	ner/Operator (2)			TH AUG	-5	Pil	7. :			
07/29/201			Street A		SING A	unority							-		
Agencies Notified	Type Notificat	uon	500 Br							~ ,	^ ~	- 15.			
EEPA	x Initial ☐ Amended	+	City, S	-					9 41	LEN.	1124				
DEP	Amendment#:	: [Newarl	1							٠,: (ر	i	3		
DOL	□ Emergency		Name of		act:			Telephone	Number:			7			
2	(including justification	,	Al Mo	rino											
□ DCA □ DCA	□ Cancellation														
EDCA						FACILITY INFO	DRMAT	ION			10				
Name of I	Facility ADM	INISTR	ATIVE	BUILI	DING		Type o	f Facility (4):					- 1		
	OW STREET						Control of the Contro	ool (K-12)							
/I LUDL	OW SIREEI						□ Subo	chapter 8 (Other than K- er (i.e., private & commo	12) ercial buildings hor	mes, etc	c.)		4		
City/ (5)	0873	Count				Code (7):	1	200 SE			5.5%				
NEWARI	K	ESSE	X		07104		Squar	e Feet:	# of Floors: 1						
							Bldg.	Age							
						*	Curre	nt Use : House					_		
Name of	Monitoring Fi	rm Hired	by Bui	ilding ()wner:	ASCM No.:	Name	of Abatement Contra	actor (9):						
DIVINE	ENVIRONM	ENTAL				00146	Apex	Development, Inc	с.						
Street Ad	drace:						Street Address:								
	DADWAY														
JJO DICC	01 HD W//11						658	Rutgers Place							
City Stat	te, Zip Code:		1				City, State, Zip Code:								
							Paramus, NJ 07652								
	Newark, NJ 07104 roject Manager for Monitoring Firm:					Telephone No.:		phone No.:	License No.:						
					201-483-9788	(973) 350-0101 01215									
1.3000000000000000000000000000000000000					nlation	Date (11):		e of OSHA Monitor:	- OIZIE						
Start Dat 08/8/14	te (10):		10/12/1		ipiction .	Date (11).		o Analytical Laborato	ories						
	y Status During	01.0			ne)			t Address:							
	Closed/vacated					t	255 V	West 36th Street, Suit	te 203						
☐ Abatem Describe:	ent Performed C	Outside of	Normal	Facility	Hours			State, Zip Code: York, New York, 10	0018						
☐ Other															
Scope of	Work (Check all	l that app	ly):					Prill C	Containment with	Negat	ive Pro	essure			
$\square > 3 \text{ sf}$	or > 3 lf				□ Reno	vation		PMini-	Enclosure bag Procedure						
₽≥ 160	or ≥ 3 ff sf or ≥ 260 lf				Demo	olition		□ Non-E	exempted (*) and N	lon-Fr	iable P	rocedu	ire		
			Is	Locat	ion			C				ement pe			
	Location of			Vorma		A shestos Cor	Descripti	on of Material (ACM)			T .	PC			
Asbestos	s-Containing N	Material		d Sole		(i.e., thern	nal syste	ms insulation,		B	_	땁	Ē		
	(ACM) O BE ABATE	D		Custodi		suri	facing, V	AT, or	Amount	Removal	Repair	Encapsulat	Enclosure		
10	IN Facility	D		Staff		otne	r miscei	laneous)	(Specify SF or LF)	OVa	air	sul	ıns		
	(13)		77	(12)	T NT/A				SI OI LI	=	1 22	at	o		
Caullei	Yes No N/A				Caulking Doo	r and w	indow	705 LF	*						
								t and Vent Tar	2093 SF	*					
	21002						THEN POOLED IN								
	Tiles.		1	-	-	Pipe and Boiler Insulation VAT			400 LF	*					
Floor Tiles VAT Name of Registered Waste Hauler: NJDEP Waste I					O No.:	Cubic Yards	Name of Regi	stered	landfi	11:					
TRI-STATE TRANSFER ASSOC., INC.					of Waste: 30 MINERVA ENTERPRISE ASSOC, INC.					ISES					
City, State: Disposal Date:					50.	City, State: Waynesburg, OH 4	14688								
Bronx, NY 10474				Signa	ature:	Date:	0000000								
Completed By: Title: Sylvester Oraegbunam President				15	- I he	07/29/20)14								

Date of Notification (1)	21/14		Na	ame of Buildin	g Owner/Operator	r (2) Rosario		~5	Fit	_		
	31/14		-	reet Address		Rosario			6-1-7-		=	
Agencies Notified	Type Notification Initial		51	reet Address	1	l 115 Revere 🖣	Rve.	, ,	٠		_	
DEP	Amended Amendment #		Ci	ty, State, Zip (Trenton, NJ 08	3629	Tivo,	NG			
DOH DCA	☐ Emergency (in justification) ☐ Cancellation	cluaing	N	ame of Contac			Telephone Num	hor			3	
									100		_	
Name of Facility Where	Abatament in Takin	a Place /		FACILITY IN	-ORIVIA HON	Type of Facility	(A)					
Name of Facility Where		dential				School (K-1)						
Street Address	1115 Re					Subchapter	8 (Other than K-1) rivate & commerci	2) ial build	dings,			
City (5)						Square Feet	# of Floors	BI	dg. A	ge		
	Trent	on, N	J			1400	2	- _	70-	+/-		
County (6)	Mercer (County Code (JSE ONLY)	7) (STATE	Current Use (Pr	rior if being demoli	shed)				
Name of Monitoring Firm		Owner	AS	CM No.		ment Contractor (9						
(8)	MECS				Ste	vens Environi	mental Servic	rvices, Inc.				
Street Address		**			Street Address							
	PO Box 34	1				PO Box 322						
City, State, Zip Code			-		City, State, Zip 0							
	rosswicks, NJ	08515				Allentown, NJ 08501						
Project Manager for Mo	Secretary of the second			one No.	Telephone No.	50.000	License No.	20.404				
Lou I	_aureti			298-4070		259-9688 00493						
Start Date (10)	Schee	duled Co	mpletion	Date (11)	Name of OSHA		TOC					
8/13/14		1177	15/14		ECS .							
Occupancy Status Durin				900	Street Address		2 241					
☐ Facility Closed/Vaca				nt	3ox 341				_			
☐ Abatement Performe ☑ Other - Describe:		I Facility	Hours		City, State, Zip (ks, NJ 08515					
Scope of Work (Check	all that apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation nolition		☐ Mini-Er ☐ Gloveb	ontainment with Ne nclosure pag Procedure kempted (*) and No	-	ıro				
		Islo	cation		LINOIPLA	kerripted () and 140	on-i nable i roccue	T	Abater	nent		
		Nor	mally		9 Sept.				Тур			
Location Asbestos-Containing			Solely benance/		Description o stos Containing Ma		Amount				m	
TO BE ABA	TED	Cus	todial		, thermal systems	insulation,	(Specify	Rem	Repair	nca	ncl	
IN Facility (13)	/		aff? 12)		surfacing, VAT other miscellane		SF or LF)	Removal	¥.	Encapsulate	Enclosure	
(10)		Yes	1	N/A				-		ılate	.co	
Baseme	ent		×		Boiler Insula	ation	50 sf	×				
Basem			x		Pipe Insula	tion	25 lf	×				
Duocini			^					1				
			_					+	-			
Name of Registered Wa	ete Hauler		I N ID	EP Waste	Cubic Yards	Name of Regi	stered Landfill		\Box			
The state of the s				er ID No. 18292	of Waste	/	1					
				18292			T.R.R.F., I	IIC.			_	
City, State					Disposal Date	City, State	T. 11. 4	DΛ				
Completed D	Allentown, N				8/15/14 Signature/	And /	Tullytown,	ГА				
Completed By Title				Nanager	Signature	1 1/	Date	7/3	1/14			

ASB-41 MAR 00

* Do not use this form for asbestos licensure exempted activities.



Date of Notification (1)	Name of	Building Owner/Ope	erator (2)					•	
7/3/14		Street	SUMO	Apti	5 In	ў /д	5 ;	119	
Agencies Notified Type Notification □ EPA	Street Ad	1051 e.,Zip Code	Bloom	nfiol	L Av	9			
☑ DOL Amendment ☐ Emergency (i	#	Lifton	W		3 4	-1-1	No.	NU	
□ DOH justification) □ DCA □ Cancellation	Name of	Contact M. Sh	atuell]_	Telephone Nur	nber	^	•	
Name of Facility Where Abatement is Taking		ITY INFORMATIO		Facility (4)					
Styce towns	Apadmen	172	☐ Sub		ther than K-12		ings, t	nomes	5,
City (5) O O	Court		Square F	eet	of Floors	В	ldg. A	-	
<u>OHTON</u>	County C	ado (7)		OCO	ieing demolish) (he	(p)	0	
County (6) Passalo		SE ONLY)	- A	PASTY	1	S			
Name of Monitoring Firm Hired by Building C	owner (8) ASCN	M No.	Name of Abatem A. MAC Contra		or (9)				
Street Address			Street Address 105 Lowell Roa	nd					
City, State, Zip Code			City, State, Zip C Glen Rock, NJ						
Project Manager for Monitoring Firm	Teleph	none No.	Telephone No. 201-262-5841		License N 00156	0.			
Start Date (10) 8/21/14	Scheduled Completion C	Date (11)	Name of OSHA Omega Enviro		vices Inc.				
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F		and the same of th	Street Address 280 Huyer Stre	et					
☐ Abatement Performed Outside of Norm ☐ Other - Describe:			City, State, Zip C Hackensack, N						
Scope of Work (Check All That Apply)									
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	Renovation Demolition		Mini-En	iclosure ag Procedur					
	Is Location		U Non-Ex	tempted (*) a	nd Non-Friable	Proce	Page 1	ement	
Location of	Nomally	Des	cription of		to	-	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Solely by Maintenance/ Custodial Staff? (12)	(i.e. thermal s surfaci	aining Material (A systems insulation ing, VAT, or iscellaneous)		Amount (Specify SF or LF)	Ramoval	Repair	Empapaulate	Enclosure
Prilan Chann ? 7	Yes No N/A	nn	-		015	1			_
Boiler Hom 3-2 Porler from 3-2	X	AP.	•		0 SF	10			
Piller Rom 3-2	$\frac{1}{\infty}$	Boiler	Theriat	100 QU		Ŷ			
Name of Registered Waste Hauler	NJDEP Wa	este Cubic Y	ards I	lame of Regi	stered Landfill				
Rovic Transport	Hauler ID N 20785		e =	ă	lehem Landfill	Corp.			
City, State, Zip Code Riverdale, NJ 07457	and the same of th	Disposa 86	21114	City, State, Zip Be thlehem , P			•		
Completed by R. McDonald	Title President		gnature Pandall	a.m.2	Redd Da	ite 7	31	JK	f



CHECK #: 856

Date of Notification (1)	Name of	Building Owner/Or		Ac			-
7/80/14	Street Ad	JULO	Winters	<u> </u>	D 1 0	i.	-
Agencies Notified Type Notification	Street Ad		ardine R) (C) (C)			-
☐ EPA ☐ Initial ☐ Amended	City, Stat	te, Zip Code	0	JIXIA		7	\neg
□ DEP □ Amended □ DOL Amendment #	_ 0.0,, 0.0.	Glen Ros	K NT	07452	101/10	0	
☐ Emergency (including	Name of		M J	Telephone Nu	mber	V.5	
	1	Telio Win	ators	37 ay 24 a 27 a			1
DCA La Cancellation	FACIL	LITY INFORMATION	ON		_		
Name of Facility Where Abatement is Taking Place (3)			Type of Facility	(4)			ada di dala
Rosidoneo			☐ School (K-	12)			
Street Address			☐ Subchapter	8 (Other than K-12 private & commerci	2) al building	s home	
160 Harding RC	ad		etc.)	nivate & commerci	ai ballalli	, nome	
City (5)			Square Feet	# of Floors	Bld	g. Age	
Slon Rock NI	0743	5a	1700	1 2	T	<u> </u>	2
County (6)	County C			ior if being demolish	ned)		
berjen	STATE	JSE ONLY)		opened			
Name of Monitoring Firm Hired by Building Owner (8)	ASC	M No.	Name of Abatement Co A. MAC Contracting In				
			A. WAC COILL ACKING III				
Street Address			Street Address 105 Lowell Road				
			105 Lowell Road				
City, State, Zip Code			City, State, Zip Code Glen Rock, NJ 07452				
			Gien Rock, NJ 07452				
Project Manager for Monitoring Firm	Telepi	hone No.	Telephone No.	License N 00156	No.		-
			201-262-5841	00136			
	d Completion	Date (11)	Name of OSHA Monito Omega Environment				
9/18/14 8	198/11	4	Onlega Environment	al delvices inc.			$\neg \neg$
Occupancy Status During Abatement (Check Only On	e)		Street Address				
 ☒ Facility Closed/Vacated During Entire Period of At ☐ Abatement Performed Outside of Normal Facility F 	patement		280 Huyer Street City, State, Zip Code				
Other - Describe:	10013		Hackensack, NJ 0760	6			
Scope of Work (Check All That Apply)							
	**		C. Full Containm	ent with Negative F	Pressure		
	enovation emolition		☐ Mini-Enclosur	Contract the second of the sec	1000010		
E 100 31 01 2230 11			 ☐ Glovebag Pro ☐ Non-Exempte 	cedure d (*) and Non-Friab	le Procer	lure	
		I	□ Non-Exemple	T Taria Horri Hac		bateme	nt
	Location					Туре	
Location of Use	lormally d Solely by	De Ashastas Car	escription of ntaining Material (ACM)	Amount		Е	_
	intenance/	(i.e. therma	I systems insulation,	(Specify	8	25 25	OLE
In Facility Cust	odial Staff? (12)		acing, VAT, or miscellaneous)	SF or LF)	Remova	Encapsulate	Enclosure
(13)		- Other	miscellaricousy		=	Ble	1 2
Yes	No N/A				1	-	+-
Attic / top foor	1X	asbestos à	ontaine Vermicul	BUDLE	X		
			0				
		-		1	+		1
		1	Varia Norsa	of Registered Landfi			
Name of Registered Waste Hauler	NJDEP W Hauler ID			n registered Landii			
Rovic Transport	20785	1	2 IESI P.	A Bethlehem Landfi	Il Corp.		
City, State, Zip Code				ate, Zip Code			
Riverdale, NJ 07457		8	18/14 Bethle	hem, PA 18015			
Completed by Title		1	Signature Pantalla-11	1 1 8(20	Date /	المح	26
R. McDonald Presid	ent		(/Cantalla-11	Jane	110	110	٧_



CHECK#: 8515

Date of Notification (3) Agencies Notified Type Notification Street Address Street Address City, State, Zip Code Street Address
□ DEP Amendment # Emergency (including justification) □ DCA □ Cancellation □ Type of Facility (4) □ Street Address □ County (5) □ County (6) □ County (7) □ Current Use (Frior if being demoilshed) □ County (8) □ County (9) □ Current Use (Frior if being demoilshed) □ County (9) □ Current Use (Frior if being demoilshed) □ County (9) □ Current Use (Frior if being demoilshed) □ County Code (7) □ Current Use (Frior if being demoilshed)
DOL
DOH
Name of Facility Where Abatement is Taking Place (3) Street Address City (5) Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code Street Address Street
Street Address Street Address Street Address Street Address City (5) County (6) County (6) County (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code Glen Rock, NJ 07452 Project Manager for Monitoring Firm Street (10) Street Address 105 Lowell Road City, State, Zip Code Glen Rock, NJ 07452 Project Manager for Monitoring Firm Telephone No. 201-262-5841 Name of OSHA Monitor Omega Environmental Services Inc. Street Address 280 Huyer Street City, State, Zip Code City, State, Zip Code Street Address 280 Huyer Street City, State, Zip Code City, State, Zip Code City, State, Zip Code Street Address 280 Huyer Street City, State, Zip Code
Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Other (i.e. private & commercial buildings, homes, etc.) Square Feet
County (6) County (6) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address City, State, Zip Code Start Date (10) Scheduled Completion Date (11) Coccupancy Status During Abatement (Check Only One) Street Address 280 Huyer Street City, State, Zip Code
County (6) County (6) County (7) STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) Street Address 5733 Same H. Such 3 City, State, Zip Code Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Omega Environmental Services Inc. Street Address 280 Huyer Street City, State, Zip Code
County (6) County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) Street Address 5733 Same H. Sube 13 City, State, Zip Code Street Address Countracting Inc City, State, Zip Code Street Address Street Address Street Address 280 Huyer Street City, State, Zip Code
Name of Monitoring Firm Hired by Building Owner (8) Street Address 5733 Samewh. Supe 13 City, State, Zip Code Street Address 201-262-5841 Coupletion Date (11) Name of OSHA Monitor Omega Environmental Services Inc. Street Address 280 Huyer Street City, State, Zip Code
A. MAC Contracting Inc Street Address 5733 Same St. Supe 13 City, State, Zip Code Vew Orlans Project Manager for Monitoring Firm Telephone No. 201-262-5841 Start Date (10) Scheduled Completion Date (11) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement A. MAC Contracting Inc Street Address 105 Lowell Road City, State, Zip Code Glen Rock, NJ 07452 Telephone No. 201-262-5841 Name of OSHA Monitor Omega Environmental Services Inc. Street Address 280 Huyer Street City, State, Zip Code Glen Rock, NJ 07452 Telephone No. 201-262-5841 Street Address 280 Huyer Street City, State, Zip Code
Street Address 5733 Same St. Supe 13 City, State, Zip Code New Own St. Supe 13 Project Manager for Monitoring Firm Telephone No. 201-262-5841 Street Address 105 Lowell Road City, State, Zip Code Glen Rock, NJ 07452 Telephone No. 201-262-5841 Street Address 105 Lowell Road License No. 00156 Start Date (10) Start Date (10) Scheduled Completion Date (11) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Street Address 280 Huyer Street City, State, Zip Code
City, State, Zip Code City, State, Zip Code City, State, Zip Code Glen Rock, NJ 07452 City, State, Zip Code Glen Rock, NJ 07452 Telephone No. 201-262-5841 Start Date (10) Scheduled Completion Date (11) Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Glen Rock, NJ 07452 Telephone No. 201-262-5841 Name of OSHA Monitor Omega Environmental Services Inc. Street Address 280 Huyer Street City, State, Zip Code
Project Manager for Monitoring Firm Telephone No. 201-262-5841 Start Date (10) Scheduled Completion Date (11) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Glen Rock, NJ 07452 Telephone No. 201-262-5841 Name of OSHA Monitor Omega Environmental Services Inc. Street Address 280 Huyer Street City, State, Zip Code Understand NJ 07606
Start Date (10) Start Date (10) Scheduled Completion Date (11) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours 504+324-9[clo7] Name of OSHA Monitor Omega Environmental Services Inc. Street Address 280 Huyer Street City, State, Zip Code Understanding The Code City, State, Zip Code
Start Date (10) Scheduled Completion Date (11) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Name of OSHA Monitor Omega Environmental Services Inc. Street Address 280 Huyer Street City, State, Zip Code Understand N. 107606
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Omega Environmental Services Inc. Street Address 280 Huyer Street City, Strate, Zip Code Unstreament N.1.07606
Security Status Butling Abatement (Check Only She) Facility Closed/Vacated During Entire Period of Abatement 280 Huyer Street City, State, Zip Code City, State,
Abatement Performed Outside of Normal Facility Hours
Scope of Work (Check All That Apply)
□ ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure
□ Demolition □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure
Abatement
Location of Normally Description of
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Solely by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (Specify SF or LF) other miscellaneous)
Yes No N/A
Basement X VAT 1190 SFX
Bathrooms & closet X vat + mastic 765F X
Pathrooms + closet & Plaster 190 SF X
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
Rovic Transport Hauler ID No. 20785 IESI PA Bethlehem Landfill Corp.
City, State, Zip Code Riverdale, NJ 07457 Disposal Date Bethlehem, PA 18015
Completed by R. McDonald President Signature Rankella. M. Sandalla Date 30 1



Date of Notification (1)		IN	lame of	Building Owner/C			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					$\overline{}$
7/30/14		1		DORIS	<u> </u>	<u>neCull</u>	ML	1114 /	ļ., _	5_P	1	
Agencies Notified Type Notification EPA Initial		5	Street Ad		wer w	na Vis	ta	Ano				
☐ DEP ☐ Amended	_	C	City, Stat	e, Zip Code	1	Λ.	<u>~</u>	· ^ -	الحالم ا	N	llist	
	The second second second	-	lame of	Hawt	<u>no</u>	we lo	Tel	ephone Nun	nber)	1:14	
☑ DOH justification)☐ DCA ☐ Cancellation			T Same	DUZ W	à Cu	llin	1_1616	spriorie Nui				
			FACIL	ITY INFORMAT	1100		-					
Name of Facility Where Abatement is Taking	Place (3)					Type of Facility						
Street Address						☐ School (K-	8 (Othe	r than K-12)	1		_
al Buena V	ista	<u> </u>	tre			☑ Other (i.e. p						s,
City (5)	NET	-	77	506		Square Feet	# of	Floors	В	ldg. A		
County (6) C	100	To	County C			Current Use (Pr	ior if beir		ed)		U	$\neg \uparrow$
Passaia		(STATE U	SE ONLY)		ROS						
Name of Monitoring Firm Hired by Building C	wner (8)		ASCI	M No.		of Abatement Co AC Contracting In		(9)				
Street Address						Address Lowell Road						
City, State, Zip Code						State, Zip Code Rock, NJ 07452				(
Project Manager for Monitoring Firm			Teleph	none No.		hone No. -262-5841		License N 00156	0.			
Start Date (10)	Schoduler	25	noitein E	Date (11)		of OSHA Monitor		es Inc.				
Occupancy Status During Abatement (Che			414			Address						
 ☑ Facility Closed/Vacated During Entire F ☐ Abatement Performed Outside of Norm ☐ Other - Describe: 	Period of Ab	ateme	nt		City, S	Huyer Street State, Zip Code tensack, NJ 07606	5					
Scope of Work (Check All That Apply)					1					22.00		\dashv
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Location of	N	ocation or ally	y	D	escriptio	n of			_	Т	ype	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair Custo	Solely ntenan odial St (12)	ce/ taff?	(i.e. therma surf			(3	Amount Specify F or LF)	Removal	Rapair	Emapsulate	Enclosure
2	Yes	No	N/A	-A /-			0	315	1/		-	-
Basement			X	Pipe	2		600) LF	X			
									-			
Name of Registered Waste Hauler			IDEP W		Yards		f Registe	red Landfill			1	
Rovic Transport			uler ID I 0785		aste 2	IESIPA		em Landfill	Corp.			
City, State, Zip Code Riverdale, NJ 07457				8	isal Date	4 Bethleh	ite, Zip C em, PA	ode 18015				
Completed by R. McDonald	Title Preside	nt			Signatur	Lela. Or	15)2	Ad Da	7/=	30	114	B

NJ Dept of Health & Senior Service	es		Stat	a of Nov. Journ					·	, di	most .	<u></u> .
Date: 7 201 (Tithe: 3:5		(Pu	ATION C	B of New Jars OF ASBESTON NJAC 8:50 a	3 ABATER nd 12:120	}		COM ALS	CK#	<u>8</u>	<u>: ۱ر</u>	2
Date of Nobification (1) 7/30/14		1	Ţ.	3re H	70perator		acd	***				-
Agencies Notified Type Notification		Dispersion of the last	Street Add	00	Sun	mit	LA	PO a Lik	J.L.I	101	ΥÚ	
☐ DEP ☐ Amended ☑ DOL Amendment#_ Emergency (Inc)	uding	<u> [</u>	W	251-E	eld	<u>V.</u>	<u> </u>	7090 Telephone Num				
☑ DOH Justification ☐ Carcellation		done a pro-	By	ett B	offo	rd		THISPHOLIS MIN			,,,	
Name of Facility Whore Abatement is Taking Pl	-1 -		FALSIC	TYINFORME	CHON	1 "	f Facility (4)				المبادري	
Street Address	CLU	A.	<u> </u>			口 Su 図 Or	her (i.e. pri) (Other than K-12) vate & commercial		lings, f	iome:	s,
Joseph John M.	7 (290	`		Square	Feet	# of Floors	18	ldg. A	ge) ()
County (6)	<u> </u>	1	County C	OCE (7) SE ONLY)		Curren	-	if being demolishe	70	101	B	ide
Name of Monitoring Firm Hired by Building Own	ier (8)		ASC	/ No.		of Abate	ement Contracting Inc	CONTRACTOR OF THE PARTY OF THE	T	1		0
Street Address	411 - 510 - 640 - 5	*****				t Address Lowell R					W 1 0 H - MI	
Olly, State, Zip Code						State, Zip Rock, N						
Project Manager for Monitoring Firm			Teleph	one No.		hone No 1-262-584		License No 00156				
Start Date (10) 7/31/14 5	chedule		of I	Pate (11)			A Monitor ironmental	Sarvices Inc.				
Decupancy Status During Abatement (Check Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other - Describe:	iod of A	bateme	ent		280 City.	t Addres Huver Si State, Zip	reet					
Scope of Work (Check All That Apply)			*********					,				
% 23 sfor≥360 N □ ≥180 sfor≥260 N		emovati emolitic			7	Mini-	Endosure bag Proce	t with Negativo Pro dure ") and Non-Priable				
		Locati					Exampled () drip 19011-1 (Idolo	100	Abab	emen /pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sote intensi todial S	ly by nce/	. SI	Description Containing mal system urfacing, V. er miscolla	Material ns insulat AT. or		Amount (Specify SF or LF)	Fanoval	Repair	Encapsuída	Enchaura
Basement Balerrom	Yes	No	N/A	Pipe	e vins	1640-	air	ROLF		K	-	-
Service of Plants and a					-1-4							
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Name of Registered Waste Hauter		Н	JDEP VV		ble Yards Waste			legistered Landfill	-	-		
Rovic Transport City, State, Zip Code Rivordale, NJ 07457			20785	Dis	posal Date	111	City, State	ethiehem Landiill (, Zip Code n, PA 18015	υip.	·	- 194	P -2+2
Completed by R. McDonald	Title Presid	ent	- Williams		Signom	0		Daniel De	7/	30 l	14	



CK#24603

Date of Notification (1)	31/14				Name	of Buildin	g Owner/Operator SI	(2) .MAO.HAI.,	LLC. G G		~, 		
Agencies Notified	the second second second	Notification	-		Street	Address							_
⊠ EPA	Init						4	13 Albemarle	Rd				_
DOL DEP	An	nended nendment # nergency (in		_	City, S	State, Zip (Code La	wrence, NFC	8648	. Noin	ت	Q	?. €
⊠ DOH	_ jus	stification)	Cidality	9	Name	of Contac			Telephone Nu	mber			
□ DCA	☐ Ca	ncellation					Joe Shelmet						_
					FAG	CILITY INF	ORMATION						
Name of Facility Where	Abatem			15.30000				Type of Facility	(4)				
		Resi	denti	al				School (K-1)	2) 8 (Other than K-	12\			
Street Address		43 Albe	marl	e Rd				Other (i.e., p	rivate & comme	rcial buil	dings	6	
City (5)								Square Feet	# of Floors	В	dg. A		
		Lawr	ence	NJ				1100	1	_ _	7	0	_
County (6)	Л					nty Code (ONLY)	7) (STATE	Current Use (Pi	ior if being dem				
Name of Monitoring Firm	1ercer	Duilding (ASCM		Name of Abatom	ent Contractor (9	residence	e		_	_
(8)	N/A	y Bullaing (Jwner		ASCIVI	NO.	The second secon	ens Environi	FOLD (1997)	CAS IT)C		
Street Address	1 N/ Z						Street Address	ens Livitoin	nemai oci vi	.005, 11	ic.		_
Oli CC17 Iddi CCC							0.0007.100.000	PO E	30x 322				
City, State, Zip Code							City, State, Zip C						_
								Allentow	n, NJ 08501				
Project Manager for Mor	nitoring F	Firm		Tele	phone	No.	Telephone No.		License No.				
							(609) 25			0049	3		_
Start Date (10)		Sched			tion Da	te (11)	Name of OSHA		ECS				
8/13/14 Occupancy Status Durir	- Al L			3/18/	14		Street Address	IVI	ECS				_
Facility Closed/Vacat					ment		Street Address	PO F	341 Sox				
Abatement Performe							City, State, Zip C		011 0 11				_
Other - Describe: 8					CORPOR				ks, NJ 08515	·)			
Scope of Work (Check a	all that a	pply)							vax a		,		_
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≥160 sf or ≥260 lf				emolitic			Gloveba	ag Procedure	E				
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Location Asbestos-Containing N		(ACM)		d Solel ntenan		Ashes	Description of tos Containing Mat		Amount		952		_
TO BE ABA	TED	, ,0,,,,	C	ustodia			thermal systems i	nsulation,	(Specify	Rem	Repair	nca	ncl
IN Facility (13)	/			Staff? (12)			surfacing, VAT, other miscellaned		SF or LF)	Remova	air	Encapsulate	Enclosure
, , ,			Yes	No	N/A							late	Ф
Exterior F	louse				×		transite sid	ing	200 sf	×			
Name of Registered Wa	ste Haul	er			JDEP V		Cubic Yards	Name of Regi	stered Landfill				
Stevens E	nviron	mental			lauler IC 182	290. 292	of Waste 1 CU		GROWS L	andfill			
City, State							Disposal Date	City, State		-10 (2.50)			
	Aller	ntown, I					5/20/14	$A \rightarrow A$	Morrisville	e, PA			
Completed By		Title			. N.F.		Signature	~//	Date	7/21	/1 /		
Mahlon E. Ste	vens		PI	ojec	t Mar	ager				7/3	./14		_

CK 4263

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	of Notification (1)						Building (perator	(2)	2	THA	,	٠.,			60
	ncies Notified	Туре	Notification		-	Street Ac	dress					· 4	<u>//o - </u>	P// .	****	-	9,
×	EPA	×	Initial				acharac		Suite	306	43	~ .		m_{ij}			
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	DOH		Emergency justification)	(including	_		Contact					Tele	phone No	imber	-		
×	DCA		Cancellation			Section of the sectio	nderson			20.00					0		
Nam	ne of Facility Where	Abater	nent is Takin	n Place (3)		FACIL	LITY INFO	RMATI	ON	Type	of Facility (1)			S.		
Der	[[[마리아 [[마리아 [리아 [리아 []]]] [[[마리아 [[]] [[[마리아 [[]] [[]]]]]]]]] [[[[[]] [[]] [[[]] [[]] [[[]] [[]]]]]]	Abalei	Hent is Takin	g Flace (3)						Туре	School (K-1				7		
100000	et Address								-		Subchapter	8 (Othe	er than K-	12)		L	
	34 Grant Ave									×	Other (i.e. p etc.)						as,
City Atla	(5) antic City NJ 084	101								Squa 100	are Feet 0+	# of 2	Floors	0.00	ldg. A 5 +	ge	
	nty (6) antic					County C	Code (7) JSE ONLY)		_		ent Use (Prid I rtment	or if bei	ng demoli	shed)			
Nam N/a	ne of Monitoring Firm	n Hired	by Building	Owner (8)		ASCM	l No.			of Ab	atement Cor	tractor	(9)				
	et Address					1			Street		ess		_				
City,	, State, Zip Code		-						City, S	State, 2	Zip Code		-				-
											lin NJ 080	91					
Proj	ect Manager for Mor	nitoring	, Firm			Telephor 609-31	ne No. 4-1683		The second second	hone 1 753-	No. 9800		License 00727	No.			
	t Date (10) 3/14			Schedule 8/20/14		npletion I	Date (11)		- Vigenoune.		SHA Monitor						
	upancy Status Durin	ng Ahai	ement (Che					•	Sam		200						
	Facility Closed/Vac		ed Western		175	nent			Otrect	Addin	233						
×	Abatement Perform Other – Describe:	ned Ou							City, S	State,	Zip Code						
Sco	pe of Work (Check A	All Tha	Apply)														
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×	≥160 sf or ≥260 lf			× D	emolif	ion				G	lini-Enclosure lovebag Pro	cedure					
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	Asbestos-Containing	g Mate		Use	d Sole	ly by		tos Con		Materi	al (ACM)		mount			ш	m
	TO BE AB			125346063	odial 3		(i.e.		cing, VA	AT, or	1		Specify or LF)	Removal	Repair	сар	Enclosure
	(13))	925		(12)	Т		other i	miscella	neous)			oval	air	Encapsulate	sure
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	Roc	of ———	_			X			Roof			19	20 SF	x			_
Sow	ne of Registered Wa	iste Ha	uler			NJDEP V Hauler ID		Oubic of Wa	Yards			Regist	ered Land	lfill			
	th Teck				1	6429	81	1642			ACUA				250-30		
	, State enfield NJ							8/20/	sal Date 14	Э	6700 D		Rd EH	T NJ 0	8234		
	npleted by hony T Perna			Title Presi	dent			1	Signatur	0				Date 7/31/1	4		
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Date of Notification (1) 8/31/14					Building O ildren's		erator (2	2)		Alic	,	• 34	٠.,		0,	
Page-150	otification itial			Street Add 243 Pin	dress e Street	t				~ ~ ~ ~ ~ / ~	9. P	71 :				
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				FACIL	ITY INFO	RMATIO										
Name of Facility Where Abateme The Children's Home	nt is Taking	Place (3)] 8	of Facility (4 School (K-12	2)						
Street Address 243 Pine Street							land formal		Subchapter (Other (i.e. pretc.)				uildi	ngs, I	nome	s,
City (5) Mt Holly NJ 08060							1.00	Squar 1000	e Feet +	# of I	Floors		35	lg. Ag +	ge	
County (6) Burlington				County C	ode (7) SE ONLY)		_ (Curre	nt Use (Prio	r if bein	g demol	ished)		et.	
Name of Monitoring Firm Hired b JAG Environmental	y Building O	wner (8)		ASCM	Ņo.	1000	Name o Perna		tement Con	tractor (9)					
Street Address 3111 Route 38 Suite 11						100	Street A							///		
City, State, Zip Code Mt Laurel NJ 08054					T.		City, Sta West		p Code n NJ 080	91						
Project Manager for Monitoring F Rosa Izzi	irm			Telephon			Telepho 856-7				License 00727					
Start Date (10) 8/1/14		Schedule 8/2/14	d Cor	npletion D	Date (11)		Name o Same		A Monitor							
Occupancy Status During Abater	ment (Check	Only On	e)				Street A	Addres	SS		-					
Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe:	ring Entire P	eriod of A	bater	nent s		_	City, Sta	ate, Zi	ip Code						Y	
Scope of Work (Check All That A	Apply)												10-0			
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Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	ai (ACM)	Use Ma Cust	d Sole intena odial (12)	ely by ince/ Staff?		tos Conta thermal s	systems ing, VAT	aterial insula r, or	ation,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
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dynnassium raterien	Alea	1				110011	110 / 111		<u></u>			1	_			
												_				
Name of Registered Waste Hau United Containers	ler			NJDEP W Hauler ID 2459		Cubic Y of Wast			Name of G.R.O.		red Land	dfill				
City, State				_ 100		Disposa	al Data		City, Stat	Α	-					
Elm NJ						8/4/14			Morrisv		1906	7				
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Date of Notification (1) 8/31/14					ner/Operate		•	14 2			****		
Agencies Notified Type Notification		0.07107	reet Add	dress est 11th S	treet			~ ~	``		. ,		
EPA Initial Amended Amendment #_				e, Zip Code ottom NJ				476	61457	141.	N. T	15	
Ernergency (inc justification) DCA Ernergency (inc justification) Cancellation	luding	14 8823	ame of 0	Contact				Telep	hone Nu	imber	(To)		
L DCA Cancenation				ITY INFOR	MATION								
Name of Facility Where Abatèment is Taking F Melody Bernahrdt Private Home	Place (3)						e of Facility (4 School (K-12	2)	then V	12)			
Street Address 109 West 11th Street		200-0000-00		(1		×	Subchapter 8 Other (i.e. pr etc.)	rivate &	commer	cial build			5,
City (5) Ship Bottom NJ 08008					-0.521	10	uare Feet 00+	# of F 1.5		35	dg. Ag	je 	
County (6) Ocean			ounty C	ode (7) SE ONLY)		100	rent Use (Prio	r if being	g demoli	shed)			
Name of Monitoring Firm Hired by Building Ov N/a	vner (8)		ASCM	No.	1000000		batement Con	tractor (9	9)		٠		
Street Address						eet Add D Box							
City, State, Zip Code							Zip Code erlin NJ 080	91					
Project Manager for Monitoring Firm			elephor	ne No. 4-1683	1 653,77	ephone	No. -9800		License 00727	No.			
T	Scheduled	d Com	pletion [Date (11)	1123	me of C	SHA Monitor						-
Occupancy Status During Abatement (Check		<u>-)</u>				eet Add	ress		-		-		\neg
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of A	bateme	ent		Cit	y, State	, Zip Code						
Scope of Work (Check All That Apply)						00000			T				
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	Maria Control	enovat emoliti				H	Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure				e	
	Γ.	4!		Γ			NON Exemple				Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	Location Loc	y y by nce/ staff?	Asbesto (i.e. t	Descrip os Containing thermal sys surfacing other misc	ng Mate tems in , VAT, o	sulation, or	(S	mount pecify or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A					40	00.05	_	-	-	-
Exterior Siding		59	X	-	Exterior	Sidin	g	12	00 SF	x	-		
	-												
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Name of Registered Waste Hauler	1	1.3350	JDEP V lauler ID		Cubic Yar of Waste	ds	Name of G.R.O		red Lan	dfill		-	
United Containers		2	2459	120	3 Disposal I	Date	City, Sta		-				
City, State Elm NJ					8/5/14		Morris		1906	7			
Completed by Anthony T Perna	Title Presi	ident				ature				Date 7/31/1	4		



Date of Notification (1) Name of Building Owner / Operator (2) July 30, 2014 MCP 8 King Road LLC Agencies Notified Type Notification Street Address EPA 260 Franklin Street, Suite 620 DEP **⊠**DOL Initial City, State & Zip Code Amended Boston, MA 02110 \boxtimes DOH Amendment #_ DCA Cancellation Name of Contact Telephone Number **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Spectra Laboratories School (K-12) Street Address Subchapter 8 (Other than K-12) East Building - 8 King Road Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 200,000 70 Current Use (Prior if being demolished) Rockleigh Medical Laboratories County (6) County Code (7) Bergen USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Arcadis U.S., Inc. Synatech, Inc. Street Address Street Address 35 Columbia Road 829 Radio Road City, State & Zip Code City, State & Zip Code Branchburg, NJ 08876 Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Alex Hernandez 908-526-1000 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor August 11, 2014 December 31, 2014 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Facility occupied outside of work areas Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure $\ge 3 \text{ sf or } \ge 50 \text{ lf}$ Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Location of Is Location Normally Used Solely by Description of Asbestos-Containing Abatement Type Asbestos-Containing Material (ACM) Maintenance or Custodial Staff? (12) Amount (Specify SF or LF TO BE ABATED Material (ACM) IN Facility (i.e., thermal systems Encap sulate insulation, surfacing. VAT Yes No N/A or other miscellaneous) 1st Flr AA Lab, Hematology, Specimen Handling, Lab Hallway, Lab Administration, Chemical Lab, IT Offices, Southwest Office Hallway and Logistics. 2nd Fir South Office Area, Accounting and Conference Room X Adhesive associated with Blue Cove 4,230 SF X Base 1st Flr Corridors; 2nd Flr Vacant Break Room; Floor Tile and Mastic 6,000 SF X X Northeast Stairwell; E Lab Beneath Flooring in E Lab and IT Storage X Black ACM Mastic 9,700 SF X 2nd Flr Throughout (except SW Offices) X Black/Yellow Carpet Mastic 25,000 SF Χ North Stairwell X Yellow/Black Rubber Flooring Mastic 150 SF X X MER 5 ACM Transite Wall Panels 650 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Synatech, Inc. Hauler ID #27429 160 **Grows Landfill** City, State Disposal Date City, State Little Egg Harbor, NJ 08087 September 15, 2014 Morrisville, PA Completed By Title Signature Diane Aloia **Executive Administrator** July 30, 2014

State of New Jersey

Check # 10335

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	(1)		Name	of Bui	lding	Owner/Operator	(2)				- 77	(1)	1
7-30-14			Ca	roly	n M:	itchell						65	
Agencies Notified	Type Notif	ication	Stre	et Addr	ess					-44:0	-		
[]EPA	[X]Initia		35	Doug	glas	s Road	220	er Ada e					
[]DEP	Noti:	fication	City	, State	, Zir	Code					A		
[X]DOL	[]Amende	ed fication	G1	en R	idge	∍,NJ,07028		17 7 May 6 2	· 5 ;	j 			
[X] DOH	E 55		Name	of Con	tact		Telepho	ne Number	j- 111				
[]DCA	[]EMERGI		Ca	roly	n M:	itchell						€	
				FACI	LITY	INFORMATION			-				
Name of Facility Whe	re Abateme	nt is Tak:	ing Pl	ace (3)			Type of Facil	lity (4)					
Same as above							[]School	(K-12)					
Street Addres					02-1		5 P (55 S) 5 S S S S S S S S S S S S S S S	oter 8 (Oth					
Design Induces								(i.e., priv ouildings,					
							Square Feet	# of Flo					
City (5		County	(6) Es	sex	6.00,700	unty Code (7)	3200	3		1000	L04		
					(S	TATE USE ONLY)	Current Use	(Prior if b	eing			9	i)
Name of Monitoring F. Owner (8)	irm hired	by Buildir	ng AS	CM No.		Name of Abater							
N/A						AZTECH M	anagement	, Inc.					
Street Address						Street Address	3						
						86 Chris	topher St	:.					
City, State, Zip Code	e		741424	-		City, State, 2	Zip Code						
						Montclai	r, NJ 070	42					
Project Manager for 1	Monitoring	Firm Te	lepho	ne Numb	er	Telephone Numb	per		Licen	se	Numl	per	
		N	/A			(973)744	-8800		003	37	1		
Scheduled Start Date	(10) Sc	ched. Comp	letio	n Date	(11)	Name of OSHA M	Monitor						
8-12-14	100	8-14				N/A							
			Day	Year									
Occupancy Status Duri [X]Facility Clos of Abatement	ed/Vacated	ent (Check During E	only	one) Period		Street Address	3						
[]Abatement Per		side of N	ormal	Facilit	Y	City, State, Z	in Code			_			
Hours - Descr	ibe: «OffHo	urs Descr	ipt»										
[]other - Descr			Desc	ript»									
Scope of Work (Check	all that a	apply)				וויים ו	Containment wi	th Negativ	a Dra	0011	÷0		
[X]≥3 sf or		I	X]Ren	ovation			-Enclosure	. ar Negaciv	e rre.	334	re		
[] <u>></u> 160 sf or	r ≥260 lf	[]Dem	olition			pag Procedure riable Procedu						
			Is			[]NOII-EI	Table Plocedu	ire	7	bat	сете	nt 1	Type
Location Asbestos-Cont			locati Normal	ly		Description		0=0.00000000		R		E	E
Material (-		Used			Asbestos-Cont Material (A		Amount (Specif		E	R	C	C
TO BE ABA	-		By Mai			(i.e., thermal	systems	SF or	- III	0	PA	A P	P
In Facili (13)	ty	С	ustod:	ial	ir	nsulation, surfa or other miscel		LF)		V A	I R	S	S U
ALTER.		Yes	No	N/A		or other miscer	Laneous			L	Α.	L	R
Basement				X	Pi	pe Insulati	Lon	80 lf	X				
					Bo.	iler		35 sf	X				
11													
Name of Registered Wa		St	JDEP V	Naste	1000	bic Yards	Name of Regi		dfill				
AZTECH MANAGE	MENT,		7040		OI	Waste 1.5	G.R.O.W.	S.					
City, State					10.0	sposal Date	City, State						- 6
Montclair, NJ	07042					8-15-14	Morrisvi	lle, PA	. 190)6'	7		
Completed By (Print o	r Type)	Title				Signature	1		F :				
Constantine Vi		Preside	ent			N	1-:		Dat	:e 30-	14		
							Vidor				d(6.9)		

CK 016278

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2014-281			(Pursi	uant to NJA	2 8:60	and 12:120)		•			
								b •			
Date of Notification (1)		Name of Bu	ilding Owr	ner/Operator (2	?)						
10 7 / 10 19 / 1 14 1		CHURC	H OF TH	E SCIENTIS	T			100			
Agencies Notified Type Notificat	on	Street Addre	ess								
DEP Amended			DAD STR	REET				4 a Li	1 18	E 1 (N/)	
DOL Amendment #:		City, State,									
DOH		RED BA	ANK, NJ	07701	-		LTalanhar	a Number			
justification)							relephor	ne Number			
DCA Cancellation		TOM M	INDEN							+	
			FAC	CILITY INFORM	AOITAN	I					
Name of facility where abatement i	s taking p	lace (3)					Type of Facility	(4) ol (K - 12)			
CHURCH OF THE SCIENTI	ST							apter 8 (Other	than k	(-12)	
Street Address								(Private/Comm		/	
211 BROAD STREET						-1	Bldgs. Square Feet	/Homes, etc. # of Floors	T B	ldg. A	ane
City (5)	Cou	inty (6)			Cou	nty Code (7)	Square r cer	# 011 10013		ug. / .	·90
00 00 00 00 00 00 00 00 00 00 00 00 00					(Sta	te use only)	Current Use (P	rior if being de	molish	ed)	
RED BANK Name of Monitoring Firm Hired by I		ONMOUT	H	1 100111		Nome of Abotomo	t Contractor (0)			-	
Name of Monitoring Firm Fired by	olag. Own	er (8)		ASCM No.		Name of Abatemer	11 0 0 1 0 0 0 0 1 0 0 0 0 0 0 0 0 0 0				
Street Address					_	D & S RESTO	RATION, INC.			_	
Oll Ool Addition						20 California	Ave.				
City, State, Zip Code					-	City, State, Zip Cod	The second little and		9.025		
						Paterson, NJ (7503				
Project Manager for Monitoring Firm		Ph	none Numb	ber		Telephone Number		License Num			
						973-345-802		0116)		
Start Date (10)	Sche	d. Completi	on Date (1	1)		Name of OSHA Mo D & S Restora					
07/21/14	08/1	5/14				Street Address	tion, me.				
Occupancy Status During Abatemer						20 California A	venue				
Facility closed/vacated during Abatement performed outside						City, State, Zip Cod	е				
Describe: NORMAL H						Paterson, NJ (7503				
Scope of Work (check all that apply					_	Tutorson, 113 c	Full Containment v	v/negative pres	SUITE		
□ > <u>3</u> sf or > <u>3</u> lf · □	Renovati	on				<u> </u>	Mini-enclosure	mogativo proc	ouro		
≥160 sf or ≥260 lf	Demolitio	n					Glovebag procedu Non-Exempted (*)		o nros	odur	
Location of	Is location	on normally	used solel	ly				R	R	E	T
asbestos-containing	by maint staff(12)	tenance/cus	stodial	Descripti	ion of a	sbestos-containing	Amount	_ e	e p	n	E n
material (acm) to be abated in facility (13)			Τ	material	(ACM)		(Specify S	SF or o	a	a	C
	Yes	No	N/A				100	v e	r	р	
CHURCH BASEMENT						ON-WRAP&CU					
CHURCH BASEMENT CRAWL SPACE		LX		4		ON-WRAP&CU			_	끧	부
CHURCH BASEMENT CRAWL SPACE		X	-	TRANSITI	STATE OF TAXABLE PARTY.	NAME OF TAXABLE PARTY.	700 sq ft		부	ዙ	11
CHURCH CAFERIA/BATHROOM		X		TIPE INSU	LAII	ON-WRAP&CU	Γ 280 L FT		井	片	+
Registered Waste Hauler	INJD	EP Hauler I	ID# I C	Dubic Yards of	Waste	Name of Registere	ed Landfill			ᆜ	1
D & S RESTORATION, INC.		506		22 YDS		TULLYTOWN	, RESOURCE RI	ECOVERY			
City, State PATERSON, NJ 07503			Disposal [Date DUS DATES		City, State TULLYTOWN	J DA	30			
Completed by (Print or Type)	Title		Thuc	Signature		TULLITUWI	N, FA	Date			
BOGDAN JOLDZIC	PRESIL	DENT						07/09/2014	1		

* Do not use this form for asbestos licensure exempted activities.

ASB-41

CK 006278

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

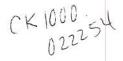
-
60

D&S Proj. #: 2014-281

ASR-41

Date of Notification (1) Name of Building Owner/Operator (2) 0 7 /2 9 /1 4 CHURCH OF THE SCIENTIST Agencies Notified Type Notification Street Address EPA Initial M Amended 211 BROAD STREET DEP City, State, Zip Code Amendment #: 1 DOL Emergency RED BANK, NJ 07701 DOH. (including Name of Contact Telephone Number justification) DCA TOM MINDEN Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) CHURCH OF THE SCIENTIST Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 211 BROAD STREET Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) RED BANK MONMOUTH Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 07/21/14 08/15/14 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 lf Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of Е by maintenance/custodial e asbestos-containing n Amount Description of asbestos-containing staff(12) m n D material (acm) to be C (Specify SF or material (ACM) 0 C a abated in facility (13) a LF) Yes No N/A ٧ p CHURCH BASEMENT PIPE INSULATION-WRAP&CUT 200 L FT X CHURCH BASEMENT CRAWL SPACE PIPE INSULATION-WRAP&CUT 900 L FT CHURCH BASEMENT CRAWL SPACE TRANSITE PANELS 700 sq ft CHURCH CAFERIA/BATHROOM PIPE INSULATION-WRAP&CUT 280 L FT X CHURCH 2nd flr. O's CEILING PLASTER 256 SO FT Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 25 YDS TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 VARIOUS DATES TULLYTOWN, PA Completed by (Print or Type) Title Signature **BOGDAN JOLDZIC** PRESIDENT 07/29/2014

Do not use this form for ashestos licensure exempted activities





3

Date of Notification (1) 6/23/14 Amended 7	/28/14]	Name of Passaic	Building C Valley S	owner/Ope ewerage	erator (2 Comm) ission			* * ****	i and		
Agencies Notified	Type Notification		1,335	Street Ad 500 Wil	dress Ison Ave									
D EPA DEP DOL	Initial Amended Amendment #				e, Zip Coo , NJ 071			FA	Ç£.	LIUEN.		-		
DOH DCA	Emergency (in justification) Cancellation	cluding			Contact AcCarthy	7				ohone Nur		-	1	
				FACIL	ITY INFO	RMATIO								
Name of Facility Where Passaic Valley Set Street Address								Type of Facility (School (K-1 Subchapter	12)	than K-12	2)			
600 Wilson Ave								Other (i.e. p				- 23 		s,
City (5) Newark, NJ 07105	i							Square Feet 4575	2	Floors	19	dg. Ag 971	je 	
County (6) Essex				County C	Code (7) ISE ONLY)		_ (Ourrent Use (Pri Office/locker	or if being	g demolish	ned)			
Name of Monitoring Fir Briggs Associates, I	m Hired by Building O Division of H&R Er	wner (8) rvironme	ental	ASCM 0004	l No.	4 (5)		Abatement Con States Contr		7 Table 1 Table 1				
Street Address 3 Crosswicks Street							Street A	^{ddress} Main Street	Extens	ion, Su	ite 10			
City, State, Zip Code Bordentown, NJ 08:	505							ite, Zip Code vill e, NJ 08 8	872					
Project Manager for Mo Michael Hoodak	onitoring Firm			Telephor 609-29	ne No. 8-5520		Telepho 732-5	ne No. 25-0100		License N 00749	lo.	34		
Start Date (10) 7/8/14		Schedule 8/1/14 /	d Con Amer	npletion aded 8/2	Date (11) 29/14		Tiger	FOSHA Monitor Environmer						
Occupancy Status Duri	ing Abatement (Check			ont.				· Desk top.sef ् Elizabeth Av	Street Ad Ve	dress				
	med Outside of Norma					_		ate, Zip Code en, NJ 07036	 }					
Scope of Work (Check	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,		enova emolit					Full Containm Mini-Enclosus Glovebag Pro Non-Exempte	re ocedure				e	
		2.0	Locat				Casi	Non-Exemple) and	7 11011 7 110	1	Abate	ement pe	
Locati Asbestos-Containir <u>TO BE A</u> In Fa (13	ng Material (ACM) . <u>BATED</u> cility	Used Mai	ormal d Sole ntena odial 3 (12)	ely by nce/ Staff?		stos Conta thermal s surfac		aterial (ACM) insulation, , or	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		1 D: - :-	1.4		200 16		-		60	
Solids Handling M	Solids Handling Maintenance Bldg X					al Pipe in Scope-C			300 lf	000 sf	X		XX	
				1000sf	of duct									
Name of Registered W	Jaste Hauler		1	NJDEP V	Vaste	Cubic `	Yards	Name o	f Registe	red Landf	ili			
Freehold Cartage						of Was			rn Berks					
City, State Freehold, NJ					A Park Library	Dispos 7/31/1	al Date	City, Sta Birdsb	ate oro, PA	19508				
Completed by Michael Migliore		Sr Ac	coun	t Mana	ger	S	ignature	Miglio	æ		Pate 7/28/14	ı		
	<u> </u>		***************************************			- ()		//						

CK 23237

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1)					Name	of Building	Owner/Operator (2)	1		-	·	744	
07/	30 /	14			Mer	ck Sharp	and Dohme Co	orporation						
Agencies Notified	Type Noti	fication			Street	Address			1.7	-	į.	į d		
☑ EPA					200	0 Gallopi	ing Hill Road			31				
□ DOLWD □	☐ Amen				City, S	tate, Zip C	Code		a.		~ .	1164		
☑ DHSS		lment #			Ker	ilworth,	NJ 07033		My ul	ilch	41	716		
DCA (NJAC 5:23-8)	☐ Emerg		cluaing		Name	of Contact			Telephone N				_	道道
(110/10 0.20 0)	☐ Cance				Mik	e Latroni	ica							-
					FAC	ILITY IN	FORMATION							
Name of Facility Where A	batement	s Takin	g Place	(3)				Type of Facility	(4)					
Building 5								School (K-12						
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr			hui	Idina	•	
2000 Galloping Hill	Road							homes, etc.)		inerciai	Dui	luling	۵,	
City (5)								Square Feet	# of Floors		Bld	g. Ag	je	-
Kenilworth								115000	4		4	6		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being den	nolished)			
Union								Vacant						
Name of Monitoring Firm	Hired by B	uilding (Owner ((8)	ASCM	No.	Name of Abatem	ent Contractor (9)			_			
Atlantic Environme	ntal, inc	- 8					USA Environ	mental Manage	ement, Inc.					
Street Address				1			Street Address							
2 E. Blackwell Stree	et						8436 Enterpr	ise Avenue		-14	60	2		
City, State, Zip Code							City, State, Zip C		· · · · · · · · · · · · · · · · · · ·	,	-	4		
Dover, NJ 07801							Philadelphia		167		KUO	3 -		
Project Manager for Mon	itoring Firm			Tele	phone	No.	Telephone No.		License No	ř. –		j.		
Ray Pirnat				9	73-366	-4660	215-365-5810)	1156		Ç	n		
Start Date (10)					tion Da		Name of OSHA N		1.0	4.8	-	2		
08 /13 /	14	(09_ /	13	3_/_	14	USA Environ	mental Manage	ement, Inc	7 - 3 -	1			
Occupancy Status During	Abatemer	t (Chec	k only o	one)			Street Address			Ž.	4	,,	12.70	
□ Facility Closed/Vacate	ed During E	ntire Pe	riod of	Abate	ment		8436 Enterpr	ise Avenue			0	Γ.		
☐ Abatement Performed							City, State, Zip C	ode						
Time of Abatement: 7	:00 AM-3:	30PM/_	P	'M	AM		Philadelphia	PA 19153						
Scope of Work (Check al	I that apply)												
☑ >3 sf or >3 lf			⊠ Re	novat	ion		☐ Full Con	tainment with Neg	gative Pressure	9				
⊠ ≥160 sf or ≥260 lf			De				⊠ Gloveba	g Procedure						
							Non-Exe Non-Exe	empted (*) and No	n-Friable Proc	edure				
				Loca							Aba	teme	ent T	уре
Location Asbestos-Containing		ON #1	50906	Norma	0.5	Acho	Description of stos Containing Ma	100	Amount		D D	Re	En	E
TO BE ABA		CIVI)	Ma	intena	ince/	(i.e	, thermal systems	insulation,	(Specify		Removal	Repair	сар	Enclosure
IN Facili			Cus	todial (12)	Staff?		surfacing, VAT	, or	SF or LF)		1		Encapsulate	ure
(13)			Yes	No.	N/A		other miscellane	eous)					te	
Lower Level Rooms						Floor T	ile and Mastic		4700 SF	: [3		П	
Lower Level						Pipe Fit	6.0		6 LF		3			
Lower Level			-	-	1022	Fipe Fi	ungs		O LI		2			
										- 1	ᅬ	Ц	П	Ц
										[
Name of Registered Was	te Hauler			1633	JDEP \		Cubic Yards of	Name of Regis						
Freehold Cartage In	ic.				15939		Waste 40	Lycoming	County RMS	3				
City, State							Disposal Date	City, State						
Freehold, NJ							9/13/2014	Montgome	ry, PA					
Completed By (Print or Ty	ype)	Title	9				Signature 1	7//		Date				
Dilip Kumar		P	rogra	m Ma	nager		18 11 11	Muar	8	7-3	0	-/1	L	
			65%		_ 33			A JOHN CONT		. 0	_		P.0000	

ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.

(K 00808J

Date of Notification (1)					Building Ow on Munic	mer/Operato	r (2)			Els si	0 -			
7/29/14	Type Notification			reet Add		ipairty				BIA AU	2 - 5	Pi	1 3:	37
Agencies Notified EPA	Initial				herspool	n St			-1	4				
EPA DEP DOL	Amended		10.000	A second	e, Zip Code					É 1		1007	1,7	UL
DOL	Amendment # Emergency (ir			rinceto						alementary		2	• 1.1	
DOH DCA	justification)	icidanig		ame of 0				1	Telepi	none Num	iber			
DCA	Cancellation		F	Robert										
		- (6)		FACIL	ITY INFOR	MATION	T	of Facility (A)						
Name of Facility Where		Place (3)					-	of Facility (4)						
Flood damaged pro	орепту							School (K-12) Subchapter 8		than K-12	1			
Street Address	_							Other (i.e. priv				ings,	nome	s,
59 Meadowbrook [Jr.		-					etc.)	# - C F		B	J A.		
City (5)							1	re Feet	# of F	loors		dg. Aq 0+	je	
Princeton	100000000000000000000000000000000000000						210	×		ط منا مسال		U 1		_
County (6)			C (S	ounty Co	ode (7) SE ONLY)		The state of the s	ent Use (Prior ccupied	ir being	demolish	ea)			=
1ercer		(0)			88 88			tement Contra	actor (9	`				
Name (Monitoring Fim	n Hired by Building O	wner (8)		ASCM n/a	NO.	100000000000000000000000000000000000000		Environme						
AET				II/a			t Addre		i itali ii					_
Street Address								ss e 206 South	,					
2693 Pennel Rd								ip Code						-
City, State, Zip Code						L 6223550		igh, NJ 088	44					
Media PA 19063			T	1 1	- 11-	The Control of the Co	AND COLUMN TO THE			icense N				
Project Manager for Mo	nitoring Firm		- 0	elephon	e No. 1 - 0114		hone N 3-218-0		71 33	1228	J.			
Eric Houskenecht		0 1 1 1 1						HA Monitor		71220				\rightarrow
Start Date (10)		Scheduled 8/18/14	Comp	Dietion D	ate (11)			Environme	ntal S	ervices	Inc			
8/11/14							t Addre	A 200 B A A A A A A A A A A A A A A A A A A	illai O	CI VIOCO,	1110	-	-	
Occupancy Status Durin								06 South						
	cated During Entire P			ent		A. 40		Zip Code	X15			~		
Other – Describe:	ned Outside of Norm	аі гасініў п	louis					ugh, NJ 088	RAA					
	All That Applied			-		1 11111	300100	agri, 140 000				77.73		
Scope of Work (Check	All That Apply)	F=1				74	হা _							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Accessed to	novati molitic				0.00	ill Containmen ni-Enclosure	t with i	legative F	ressu	re		
≥160 sf or ≥260 lf			HOILIC	711			GI GI	ovebag Proce			d 81225744			
							× No	on-Exempted (*) and	Non-Friab	le Pro			
		Is L	ocatio	n									ement pe	i.
Location	on of	No Used	rmally			Description			4			, ,		
Asbestos-Containin			tenan			s Containing nermal syster				ount ecify	D	_	5	四
TO BE AS		Custo		aff?	(i.e. u	surfacing, V		lation,		or LF)	Remova	Repair	ape	clos
(13			(12)		(1)	other miscell	aneous)			ova	a:	Encapsulate	Enclosure
		Yes	No	N/A									œ.	
Water Heater & uti	lity closet rooms			х		Transite p	anels		50	Osf	х			
Drywall o				х	Sp	ackling Co	ompou	nd	50	0sf	х			
Living are	ea walls			х	Sp	ackling Co	ompou	ind	50	0 sf	x			
Name of Registered Wa	aste Hauler		1000000	DEP W		Cubic Yards	1	Name of R	egister	ed Landfil	l			
Yannuzi Group Inc			332.02	auler ID 7467		of Waste 20		GROWS	3					
City, State						Disposal Da	ite	City, State			100 100		125	
Hillsborough, NJ						8/12 - 18		Morrisvi	lle, PA	A .				
Completed by		Title				Signat	ure /)	1		1	ate			
John Mucha		Projec	t ma	nager			1/2	1	37	7	/29/1	4	53,000	
		1			11	7	4 1					77451		426.00
ASB-41 (R-06-08)						Do	not use	this form for	asbesto	s licensu	re exe	mpted	activ	rities.

NO CK

ASB-41

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of No	țification (1)					Name of B	uilding Ov	vner / Oper	ator (2) 💍				
07/	/	/14					HOFFMAN							
/	/	Tuna of No	-tifi so	tion			Street Add	iress SLAND AVE	ENLIE					
Agencies I	EPA	Type of No	Initial		i.		City, State			6912 EU 17	1111		1-60	
	DEP		Amer		Ŀ		NUTLEY, I							
	DOH		Amer	ndm	ent #	#	Name of C	THE PERSON NAMED IN COLUMN 1			Telephor	ne Numbe	er .	
□ □	DOL		Emer	gen	cy w	// justification	BILL LICH	TENAU						
		✓	Canc	ella	tion								-	
						FA	ACILITY IN	FORMATIC	N					
Name of F	acility Who	ra Ahatam	ent is	Tal	ring	Place (3)		Type of Fa	acility (4)					
HOFFMAN			iciii. is	iai	ing	race (o)		l ypc or re	zonicy (4)					
		ā							School (K	-12)				
Street Add	iress									er 8 (Other				
340 KINGS	SLAND AVE	NUE						V		, private &	cmmercia	al		
City (E)		County (6)				County Code	(7)	Square Fe	bldgs., ho	# Of Floor		Building	Δαe	
City (5) NUTLEY		County (6) ESSEX	,			County Code	(1)		000	3		Dunaniş	40+	F
101221		LOOLA						the state of the s		being dem	olished)	1		
								VACANTA	NAREHOUS	SE				
Name of N	onitoring	Firm Hired	by Bl	dg.	Own	er (8)	ASCM NO	Name of A	batement	Contractor	(9)			
									LITION CE	DV/IOEC IN				
EHI								Street Add		RVICES IN	<i>J</i>			
Street Add 655 WEST		2ΔΙΙ				87		Street Au	uress					
City, State				-				32 WILLIA	MS PARKV	VAY				
SPARTA, N								City, State	, Zip Code					
Project Mr		nitoring Fi	irm			Telephone Nu	mber							
BILL KIRBI	IL				973-729-5649			NOVER, NJ	07936					
	/ 05	/	10000		omp	oletetion Date (1	,	Telephone	e Number		License	Number		
$\frac{-08}{}$	/ 05	/14	-	09	-/	/ 30 /	14	973-77	72-3660			0	0860	
Occupanc	v Status D	uring Abat	ement	t (C	neck	Only 1)			SHA Moni	tor	-		-	
	Facility CI	osed/Vaca	ted Du	urin	g En	tire Period of				RVICES IN	Ο.			
	Abatemen							Street Ad	dress					
			d Out	side	of N	Normal Facility		00 1451 1 14	MO DADIO	1/0.3/				
	Hours - De		MON		_				MS PARKV					
v	Other - De	scribe: _	7:00A			PM			NOVER, NJ					
Scope of V	Nork (Chec	k All That							•					
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	≥3sf or ≥3						\ \ \	Mini - End	losure Procedure					
V	≥160 sf or	≥260 II								d Non-Fria	ble Proce	edure		
T	Location of	f		ls		1	Descript				Abateme	ent Type		
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City, State EAST HAN							Disposal Date	TULLYTO						
LAGI HAN	10 V LIV, 140													
Completed	d by (Print	or Type)	-			Title			Signature		->		Date	
STEVEN S	STILES					PROJECT MA	NAGER		XI	11				08/04/14

Location of		ls		Description of		Abateme	nt Type		
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in Facility		ole		insulation, surfacing, VAT,	SF or LF)	O	P		L
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		V		PIPE & FITTINGS	1750 LF	V		1 1	<u> </u>
ND FLOOR		1		VAT & MASTIC	4500SF	7		1-4	
ND FLOOR		1		DUCT INSULATION	150 SF	7			
BUILDING 103		1		FIRE DOORS	57 EA.	V			
ROOF		V		PITCH POCKETS	35 SF	7			
ROOF .		4		ROOFING & FLASHING	16000 SF	7			
BUILDING 103/EXTERIOR		V		CAULK	1650 LF	7			
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STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

			(i ditabilit	1 10 110/11	0.00 1 711	12.120					-	-
Date of Notification			7		Building Ov	vner / Oper	ator (2)	•				
_07 / _18	/14			AAK Street Add	dress			•	_			-
Agencies Notified	Type of No	tification			all Street, 5	th Floor						
☐ EPA	9.57	Initial	- 1		, Zip Code		4.6	# 1. P	-u II	1 (
		Amended		Edison, N.								_
☑ DOH	06000000	Amendment		Name of C	11/		. [Telephoi	ne Numb	er	34	
☑ DOL		Emergency w Cancellation	/ justification	Kevin Doy	/ie							
			FA	CILITY IN	FORMATIC	ON						
Name of Facility Wh	ere Abateme	ent is Taking	Place (3)		Type of Fa	acility (4)						
AAK						School (K-	.12\					
Street Address					1 8	- 10일 다시 아니아 아니아 아니아 아니아 아니아 아니아 아니아 아니아 아니아 아니	er 8 (Other	than K-12	2)			
131 Marsh Street						Other (I.e.,	private &					
			1			bldgs., ho	the same of the sa		n mara	- 4		
City (5) Port Newark	County (6) Essex		County Code (7)	Square Fe	eet 000	# Of Floors		Buildin	g Age 40+	1	
roll Newalk	Essex					se (Prior if			1			
					Food Proc							
Name of Monitoring	Firm Hired I	by Bldg. Own	er (8)	ASCM NO	Name of A	batement	Contractor	(9)		541003bri		
CARDNO ATC					I VI Demoi	ition Service	se Inc					
Street Address					Street Add		3 1110.					-
104 E. 25TH Street			V2555 C 1575									
City, State, Zip Code)					s Parkway						
NEW YORK, NY			Terror		City, State	e, Zip Code						
Project Mngr. For M PATRICK SISK	onitoring Fir	rm	Telephone Nu 212-353-8280	mber	Fast Hano	ver, Nj 0793	36					
Sheduled Start Date	(10)	Sched. Comp	letetion Date (1	1)	Telephone			License	Number			
08_ /19	/ 14	09	//	14	997007				_			
/		/ /	/			34-8682				0860		
Occupancy Status D	Juring Abate Josed/Vacate	ement (Cneck ed During En	tire Period of			OSHA Moni						
Abatemen		ou burning Lin			Street Ad							
		d Outside of I	Normal Facility			221 12						
Hours - D	escribe:	5 00414 4 00	DM MON ED			s Parkway e, Zip Code						
Other - De	escribe:	5:00AM - 1:30	PM - MON - FRI			ver, Nj 0793						
Scope of Work (Che	ck All That A	Apply)										
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☐ Demolition ☐ ≥3sf or ≥3		~	Renovation		Mini - End	ainment wit	n Negative	Pressur	е			
≥160 sf o						Procedure						
				~	Non-Exen	npted (*) an	d Non-Fria	ble Proce	edure			
l sastian a		la la	T	Descript	ion of			Abateme	ant Type			-
Location of Asbestos Cont	700 GS	Is Location	As	bestos - C				R	I	ΙE	E	
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(13)		by Main-	or	other misc	ellaneous)			V	I A	P	0	
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		Custodial Staff (12)						_	1	L	R	
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Name of Registered	Waste Haul	er	NJDEP Waste	Cubic	Name of F	Registered	Landfill					
LVI Demolition Service				Yards	GROWS	3						
			30534	of Waste	<u> </u>							
City, State				Disposal Date	City. State	e , PA 19067						
East Hanover, NJ				Date	IVIOTISVIILE	, FA 1900/						
Completed by (Print	or Type)		Title			Signature				Date		
STEVEN STILES			PROJECT MA	NAGER		Sti	mi	K	\supset		08/14	1/14
							The second second	-			00117	

ASB-41

EDS14-263

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Page 1 of 1 Check # 1307

Date of Notification (1) 7-24-2014						Building eld Publ			(2)		¥.		48				
Agencies Notified	Type No				Street Ad 920 Pa	ddress ark Ave	//.			201	4			G	33		
EPA DEP DOL	Toronto.	al ended endment	#			te, Zip Co eld, NJ ()		2	ż	T			Oi.		
⊠ DOH ⊠ DCA	just	ergency (ification) icellation	including		Name of	anguera de la carconación		*			Tele	phone	Num		-5-3-		
<u> </u>						LITY INFO		ION				-					
Name of Facility Where Woodland School	Abatemen	is Taking	Place (3	5)				, on	Ty	pe of Facility (4		T					
Street Address 730 Central Street		•					X 3 11 11 11 11 11 11 11 11 11 11 11 11 1			School (K-12 Subchapter Other (i.e. p etc.)	8 (Othe				dings,	hom	es,
City (5) Plainfield									222.62	quare Feet 0,000	# of	Floors	3	2018	ldg. <i>A</i> 0+	ige	
County (6) Union					County (Code (7) JSE ONLY,)		52255	irrent Use (Pric	or if beir	ng den	nolishe	ed)			7-11-10-11
Name of Monitoring Firm		Building (Owner (8)		ASCM 0000			18300		Abatement Con up, Inc	tractor	(9)					
Street Address 1253 North Church	St					(7)		Street 140		dress mburg Turng	oike	T					
City, State, Zip Code Moorestown, NJ 08	8057							City, S	State	e, Zip Code ngdale, NJ 0		T	- 6	150			
Project Manager for Mor Mary Ellen Leotta	20400000491710	n			Telephor 856-84	ne No. 10-8800		Teleph	hone			Licen 0108	se No	•			
Start Date (10) 8-11-2014			Schedule 8-17-20		mpletion I			Name	of C	OSHA Monitor up, Inc							
Occupancy Status Durin	g Abateme	ent (Chec						Street		S* 50		+					
Facility Closed/Vac Abatement Perform	ated Durin	g Entire F	Period of A	Abater				140 1	Har	mburg Turnp	oike		72-00-11-0				
Other – Describe:		S OI NOITI	iai raulity	Hour	5		-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ngdale, NJ 0	7403						
Scope of Work (Check A	II That App	oly)			- Description		(E) 1			J ,		+		10000			
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Asbestos-Containing TO BE AB In Faci (13)	Material (ATED Iity	ACM)	Ma	intena	Staff?		tos Cor therma surf		Mate is ins AT, c	or	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
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	Crawispace X																
Name of Registered Wes	Name of Registered Waste Hauler					aste	Cubi	c Yards		Name of F	Peniete	ed La	ndfill				
GL Group, Inc	Group, Inc						of Wa	aste		Grows	(ogisiei	ou La	. ruilli				
City, State Bloomingdale, NJ							Dispo TBD	osal Date		City, State Morrisvi		\					
Completed by Michael B Solakov			Title P.M.					Signature	е	Me fale	/		7-2	4-20)14		

GL14-008

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Page 1 of 2 Check #1311

Date of Notification (1)					Name of	Building C ford Boa)wner/C	perator Educat	(2) tion					e es			
7-25-14	T N-4	6			Street Ac		114 01 1	Luuca		2014 1	119	C DY	6:	13	_	_	-
Agencies Notified	Type Noti					ırk Aven	ue										
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▼ DOL	Ame	ndment#		_	Ruther	ford, NJ	07070	0		Ċ.	: 1.11	74.					
IXI DOH		rgency (ir ication)	icluding	100		Contact					Tele	ephone N	lumb	er			
▼ DOH ▼ DCA		ellation			Joseph	P Kelly					i.						
					FACIL	LITY INFO	RMATI	ON									
Name of Facility Where			Place (3)					Туре	of Facility (4)						
Rutherford Sylvan S	School M	S				00000				School (K-12							
Street Address										Subchapter 8 Other (i.e. pr				build	inas.	home	s.
109 Sylvan Street									ш е	etc.)	.,						
City (5)		0								e Feet	(5.20) veve	Floors		1 3 3 3 3 3	dg. A	ge	
Rutherford									30,00		2			50)+		
County (6)					County C					nt Use (Prio	r if bei	ng demo	lishe	d)			
Bergen						JSE ONLY)			Scho								
Name of Monitoring Firm			wner (8)		ASCN	No.		100,000,000,000		tement Cont	ractor	(9)					
McCabe Environme	ental Sen	vices			118				Group,							-w-8-1	
Street Address									Addres		11						
464 Valley Brook, A	Ave #3A				+3					urg Turnp	oike						
City, State, Zip Code										ip Code	7400						
Lyndhurst, NJ 0707	71									lale, NJ 0	7403						
Project Manager for Mor	nitoring Firm	1			Telephoi	ne No. 138-483	2	2000	hone No 710-9			License 01084					
John Chiaviello					No. 1900 Sept.		<i>-</i>					0100			-		
Start Date (10) 6-26-2014			Schedule 7-29-20		npletion	Date (11)		100000000	Group,	IA Monitor							
Occupancy Status Durin	a Ahateme								Addres	September 1					- VO-1	-	
					a					urg Turnp	oike						
Facility Closed/Vac Abatement Perform	ated During	entire P	eriod of A	Abaten Hours	nent			City. S	State, Z	ip Code	1 1 1000	-		07/65-15			
Other – Describe:		OI ITOITII						100000000000000000000000000000000000000		dale, NJ 0	7403						
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			T						INO	n-Exempled	() all	u Non-r	nable			ement	
				Locat Normal											Ту		
Locatio		. 014		ed Sole		Anhon		escriptio taining		(ACM)	_	mount					
Asbestos-Containing TO BE AB		-(CIVI)	Ma	intena	nce/			l system			(Specify		Re	D	inca	En
In Faci	ility		Cus	todial (12)	Staff?			acing, V			S	F or LF)		Remova	Repair	sqe	Enclosure
(13)							otner	miscella	ineous)					<u>a</u>	=	Encapsulate	лге
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	Gee Attached																
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													1011				
Name of Registered Wa	of Registered Waste Hauler					Vaste No.	Cubic of Wa	Yards		Name of		ered Lan	atill				
GL Group, Inc	roup, Inc					4	TBD			GROW	S						
City, State							Dispo	sal Date	e	City, State	е	T					
Bloomingdale, NJ							TBD			Morrisv	ille, F	PA					
Completed by		1,5	Title					Signatu	re _		W		Date				
Elena Solakov				ident				8	El	eran Stulle			7-2	5-20	014		

Location(s)	Material Description	Estimated Quantity
	ACM-2 = 3 1/2 Sleeved Penetrations	10
	ACM-3 ≈ Removal of Wall Plaster	115 SF
	ACM-7 = Install 5" wide Vertical Raceway back channel	150 LF
	ACM-8 = Install Back Channel for Horizontal Raceway	50 LF
	ACM-9 = 4 1/2" Sleeves Thru Floor Assembly for Vertical Electrical Conduit	2 Sleeves
	ACM-10 = Install Raceway back Channel Above Existing Casework (35" AFF to Act as Backsplash)	110 LF
	ACM-11 = Modify Illustration Board/ for Vertical Raceway	2 Modification
	ACM-16 = 4' Long Slotted Channels mounted on the Ceiling for Smart Boards	12 Channels
	ACM-17 = 3' Long Slotted Channel Mounted on the Ceiling	4 Channels
	ACM-1 = 2' Vertical Slot Channel Installation 6" above Ceiling- Max 5'	115 Channels
	ACM-2 = 4 1/2 Sleeved Penetrations	9
	ACM-2 = 3 ½ Sleeved Penetrations	9
	ACM-3 = Removal of Wall Plaster	225 SF
	ACM-7 = Install Back Box for 5" Vertical Raceway	160 LF
	ACM-8 = Install Back box for Horizontal Raceway	65 LF
Second Floor	ACM-9 = 4 1/2" Sleeves Thru Floor Assembly for Vertical Electrical Conduit	1 Sleeve
	ACM-10 = Install Raceway Above Existing Casework (35" AFF to Act as Backsplash)	20 LF
	ACM-11 = Modify Illustration Board/ for Vertical Raceway	2 Modification
	ACM-12 = Cut and Remove Existing Coat Hook Strip. Patch the wall for holes and prepare it to receive paint finish.	5 LF
	ACM-16 = 4' Long Slotted Channels mounted on the Ceiling for Smart Boards	12 Channels
	ACM-17 = 3' Long Slotted Channel Mounted on the Ceiling	6 Channels
	ACM-1 = 2' Vertical Slot Channel Installation 6" above Ceiling- Max 5' Apart	40 Channels
	ACM-2 = 4 1/2 Sleeved Penetrations	10
	ACM-2 = 3 1/2 Sleeved Penetrations	4
	ACM-3 ≈ Removal of Wall Plaster	115 SF
	ACM-4 = 6" Sleeved Penetrations	2.
	ACM-5 = 2' High Unistrut 3' Apart Parallel in Hallway	4 Channels
Lower Level	ACM-6 = Install 6x6 Pull Box	7 Boxes
	ACM-7 = Install Back Channel for 5" Vertical Raceway	30 LF
	ACM-8 = Install Back Channel for Horizontal Raceway	60 LF
	ACM 9 = 114" Sleeves Thru Floor / Coiling Assembly	4-Sleeves
	ACM-15 = Sleeve Thru Exterior Wall Assembly for 6" Sleeved Penetration	1
	ACM-16 = 3' Long Slotted Channel Mounted on the Ceiling	4
	Repair/ Replace Spalling Plaster Behind Stage	470 SF
	ACM-1= 2' Vertical Slot Channel Installation of above Coiling: Max 5' Apart	90 Channels
First Floor	ACM-2 = 412 Slowed Penetrations	10

Page 1 of 1 Check #1306

Date of Notification (1) Name of Building Owner/Operator (2) 7-30-14 West Orange Board of Education Agencies Notified Type Notification Street Address 28# 710 -5 PH E: 32 179 Eagle Rock Avenue **EPA** Initial City, State, Zip Code DEP Amended X DOL Amendment # West Orange, NJ 07052 Emergency (including Name of Contact Telephone Number justification) DOH X Robert Csigi Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Thomas A. Edison Central Six School School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 75 William Street etc.) City (5) # of Floors Square Feet Bldg. Age West Orange 60,000 +2 40+ Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Ahera Consultants Inc. 0057 GL Group, Inc. Street Address Street Address PO Box 385 140 Hamburg Tpke City, State, Zip Code City, State, Zip Code Oceanville, NJ 08231-0385 Bloomingdale, NJ 07403 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. John Smoyer (609) 652-1833 (201)710-9725 01084 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8-4-2014 8-11-2014 GL Group, Inc. Occupancy Status During Abatement (Check Only One) Street Address 140 Hamburg Tpke Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Bloomingdale, NJ 07403 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)(13)other miscellaneous) Yes No N/A Kitchen/Food Service Area X 350 LF X Pipe Insulation X X Kitchen suite &. food service area Pipe Insulation 32 Fittings Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste **GROWS** GL Group, Inc TBD 0033034 City, State Disposal Date City, State Bloomingdale, NJ Morrisville, PA Date Completed by Title Signature Elong Stulla 7-30-2014 Elena Solakov President

^{*} Do not use this form for asbestos licensure exempted activities.

EDS14-099

State of New Jørssy NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Page 1 of 1 Check #1306

Date of Notification (1) 7-30-14				Name of West	of Building Owne Orange Boar	r/Operato	r (2) Jeation	Г		APP	r o v	āló)	
Agencles Notified	Type Notification				776			32	No Delp. of				Servi
EPA DEP DOL	Initial Amended Amendment		_	City, St	atc. Zip Code Orange, NJ C	780			Date: 7	1 4	nature)		11.4
☑ DOH ☑ DCA	justification) Cancellation			Name o	f Contact t Csigi	4		Te	lephone Nu	10-17/			
				FAC	ILITY INFORMA	TION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1				
Name of Facility Where Thomas A. Edison	Abatement is Takin Central Six Sch	g Place (1 ool	3)				Type of Facility School (K-		i			-	
Street Address 75 William Street							Subchapte	r 8 (Oth	er than K-1 & commerc	2) Ial bui	≥ dings	, hom	es
City (5) West Orange					-		Square Feet 60,000 +	# c	of Floors		3ldg. /	\ge	
County (8) Essex					Code (7) USE ONLY)		Current Use (Pr School	ior if be	Ing demolis	hed)	-5 P		
Name of Monitoring Fire Ahera Consultants	n Hired by Bullding (Inc	Owner (8)		A\$C! 0057	VI No.		of Abetement Co Group, Inc	ntracto	(0)		<u> </u>		71.
Street Address PO Box 385				I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1 (4) 4 SECTOR	Address Hamburg Tpk		1		5.7 7.7		(Fee)
City, State, Zip Code Oceanville, NJ 082	31-0385					City, 8	State, Zip Code mingdale, NJ		1				
Project Manager for Mo John Smoyer	nitoring Firm			Telepho (609)	ne No. 652-1833	Telep	hone No.)710-9725	777	License N 0:1084	lo.			
Stert Date (10) 8-4-2014		ed Co: 014	npiction	Date (11)	Name	of OSHA Monitor Broup, Inc							
Occupancy Status Durin	ng Abatement (Chec	k Only Or	ne)				Address				-		
Facility Closed/Vac Abatement Perform	cated During Entire Fined Outside of Norm	erlod of	Abater	nent		140	Hamburg Tpke	9	1				
							mingdale, NJ	07403					
Scope of Work (Check /	All That Apply)	Zwaste.			1111				- i				
≥3 sfor≥3 lf ≥160 sfor≥260 lf			enova emoli			2	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				va.	
Locatio	n of		Locat						:		Abate	emen pe	t
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Ma Cusi	d Sole intena odial ((12)	nce/	Asbestos Co (I.e. therm suri		Material (ACM) s insulation, T, or	(\$	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								ਰ	
Kitchen/Food S			X			e Insula		35	50 LF	X			
Kitchen suite &, for	od service area		×		Pip	e Insula	tion	32	Fittings	x			
Name of Registered Wat GL Group, Inc	ste Hauler	10	H	JDEP W auler ID 33034	No. of W		Name of GROW		red Landfill	•			
City, State Bloomingdale, NJ						osal Date	City, Sta		Δ				\dashv
Completed by Elena Solakov		Title Presid	dent			Signature		I. M.	Da	te 30-20	014		

NO (K

Date of Notification (1) 8/1/14			Name o		Owner/Operat	tor (2)		2814 AL	JG -	5 P	ii E	: 29	3
	pe Notification			Address agle Roc	k Rd			**	T				
DEP DOL	Initial Amended Amendment #			ate, Zip Co				Š.			114		
DOH DCA	Emergency (in justification) Cancellation	or a process of the Contract o	5355	of Contact Neville	7			Telenhor	o Ni	, la. 4 -			
			FAC	ILITY INFO	RMATION								
Name of Facility Where Abat Street Ecavation	ement is Taking	Place (3)				Тур	e of Facility (4 School (K-12	2)	16.40				
Street Address 160 Rochelle Ave		02				×	Subchapter 8 Other (i.e. pr etc.)	ivate & com	mercia	l build	00011107110-100		es,
City (5) Rochelle Park NJ 0766	62					n/a		# of Floor		n	ldg. A /a	ge	
County (6) Bergen				Code (7) USE ONLY)		n/a		3000	molish	ed)			
Name of Monitoring Firm Hire n/a	ed by Building O	wner (8)	n/a	M No.			atement Cont vironmenta		Inc				
Street Address n/a						et Addr Old D	ess ock Rd	88					
City, State, Zip Code n/a							Zip Code NY 11980						
Project Manager for Monitorin	ng Firm		Telepho n/a	one No.		phone 1-924-		Lice 011	nse No 36).			
Start Date (10) 7/31/14		Scheduled C 7/31/14	Completion	Date (11)			SHA Monitor above						-
Occupancy Status During Ab	atement (Check	Only One)			Stre	et Addr	ess		-			5	
Facility Closed/Vacated Abatement Performed C Other – Describe:					n/a City	State,	Zip Code	VX.					
Scope of Work (Check All Th	at-Apply)			V 200 32 32 32 3	11/6				+				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation olition			M G	ull Containmel lini-Enclosure lovebag Proce on-Exempted	edure					
		Is Loc		1		End IV	OII-EXCITIPIED	() and reon	Habi		Abate		
Location of		Norr	nally		Descripti	on of					Ту	ре	
Asbestos-Containing Mat TO BE ABATEI In Facility (13)		Used S Mainte Custodia (1	nance/ al Staff?		os Containing thermal syste surfacing, \ other miscell	Materia ms insu /AT, or	lation,	Amoun (Specify SF or LF	,	Removal	Repair	Encapsulate	Enclosure
		Yes N	o N/A									le l	,,
street excavat	ion		x		Transite	Pipe		3LF		x		12.7	
Name of Registered Waste H Veolia ES Technical Sol			NJDEP V Hauler ID 20071	CONTRACTOR OF THE PROPERTY OF	Cubic Yards of Waste 1/4	i	Wayne [egistered La Disposal	andfill				
City, State 1 Eden Lane, Flanders I	NJ 07863				Disposal Da 8/8/14	te	City, State Belleville						
Completed by Michael J DiMaria		Title Proj Mgr	/ Super	/isor	Signatu	ire	al It	Man	Dat 8/1	e /14			

CK 343

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Comparison Content C				(Pt	ursua	ant to	NJAC	8:60 and 12:1	20)	2017 1110	C (C	7. 9		٠.	
September Sept	- (Part 2017) 12 12 12 12 12 12 12 12 12 12 12 12 12										- 1.	. (, i ,	्	
Special Content of C	Agency Notified	Type No	tification		3	Street A	Address	Lowship R	oad, Sui	te 300	N		. 1	JI.	2000 90
DROOH Cancellation Cancellatio	Q € DEP	☐ Amer	nded			City, St	ate, Zip (Code							
Description	ET DOL	1.00		1					0034	1-1-1				_	\perp
Name of Facility Where Abatement is Taking Place (3) Vacant Kitchen bldg, storage/mech bldg. Street Address 512 Lakeland Road City (5) Gloucester Township County (6) Camden Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Street Address 515 Grove St., Suite 1B Street Address 515 Grove St., Suite 1B Street Address 2251 Fraley Street City, State, Zip Code Haddon Heights, NJ 08035 Fright Manager for Monitoring Firm R. Alan Lioyd State Dair (6) 8-13-14 9-30-14 Service Address 515 Grove St., Suite 1B Street Address 2251 Fraley Street City, State, Zip Code Philadel phia, PA 19137 Fright Manager for Monitoring Firm R. Alan Lioyd Scheduled Completion Date (11) 8-13-14 9-30-14 Service Monitoring Firm Period of Abatement Cocupancy Status During Abatement (Check only one) Giff-Racilly (13) Scope of Work (Check all that apply) * abatement prior to Design of Each Period Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Materia		justif	ication)		100					Telephone Numi	ber				
Street Address Str			70			FACIL	ITY INF	ORMATION							
Subchapler 8 (Other Han K-12) Subchapler 8 (Other Han K-12	7-7-C-12-7-2-7-2-7-2-7-2-7-7-7-7-7-7-7-7-7-7-								Type of Facility	(4)					
Specific (Specified & Commercial buildings, homes, etc.) Square Feet \$fof Floors \$fof Floors		hen b	ldg, st	ora	ge/	mec.	h bl	dg.							
Square Feet # of Floors Bidg Age Horos County (6) Camdon Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Countrol (7) Penpor Environmental Services, Inc.		_							Subchapter (i.e. pr	ivate & commercia	building	gs,			
Gloucester Township County (e) Camden Name of Monitoring Firm Hired by Building Owner (f) Pennoni Associates Street Address 515 Grove St., Suite 1B Street Address 515 Grove St., Suite 1B Telephone No. R. Alan Lloyd Schedued Completion Date (11) 8-13-14 Cocupancy Status During Abatement (11) 9-30-14 Schedued Completion Date (11) 9-30-14 Schedued Completion Date (11) 9-30-14 Schedued Completion Date (11) 9-30-14 Street Address 1515 Grove St., Suite 1B Schedued Completion Date (11) 9-30-14 Schedued Complet		d Roa	d								Rida	Δσο	-200		
County (6) Camden Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Street Address 515 Grove St., Suite 1B City, State. Zip Code Haddon Heights, NJ 08035 Froject Manager for Monitoring Firm R. Alan LiDoyd Start Date (10) 8-13-14 Start Date (10) 8-13-14 Start Date (10) 8-13-14 Schedued Completion Date (11) 9-30-14 Schedued Completion Date (11) 9-30-14 Store Address 515 Grove St., Suite 1B Start Date (10) 8-13-14 Schedued Completion Date (11) 9-30-14 Start Date (10) 8-13-14 Schedued Completion Date (11) 9-30-14 Start Date (10) 8-13-14 Schedued Completion Date (11) 9-30-14 Store Address 515 Grove St., Suite 1B City, State, Zip Code Phil ladel phila, PA 19137 Flephone No. 01166 Start Date (10) 8-13-14 Start Date (10) 8-13-1	F 55	To: m a	hin												
Camden Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Street Address 515 Grove St., Suite 1B Street Address 2251 Fraley Street City, State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm R. Alan Lloyd Scheduled Completion Date (11) 9-30-14 Street Address 2251 Fraley Street City, State, Zip Code Philadelphia, PA 19137 Project Manager for Monitoring Firm R. Alan Lloyd Scheduled Completion Date (11) 9-30-14 Street Address 215 Fraley Street City, State, Zip Code Philadelphia, PA 19137 Parillow Romation Parillow Rom		LOWIIS	птБ		-	County	Code (7	VSTATE LISE				- 5	0		-
Name of Monitoring Firm Hired by Building Owner (9) Pennoni Associates Street Address 515 Grove St., Suite 1B Street Address 515 Grove St., Suite 1B Street Address 5251 Fraley Street City, State, Zip Code Haddon Heights, NJ 08035 Folian Alan Lloyd Scheduled Completion Date (11) 9-30-14 Scheduled Completion Date (11) 9-30-14 Cocupancy Status During Abatement (Check only one) Start Date (10) 9-30-14 Cocupancy Status During Abatement (Check only one) Start Date (10) 9-30-14 Cocupancy Status During Abatement (Check only one) Start Date (10) 9-30-14 Cocupancy Status During Abatement Performed Outside of Normal Facility Hours Q Other - Describe Outside removal Scope of Work (Check all that apply) * abatement Q Other - Describe Outside removal Scope of Work (Check all that apply) * abatement D Prior Asbestos-Containing Material Accupancy Normally Need Solely by Maintenance/ Custodian Start? (12) Yes No N/A Name of Registered Waste Hauler Service Transport Name of Registered Waste Hauler Service Transport Name of Registered Landfill A & L Salvage City, State City, Sta) (STATE COL		ior is being decision	J.1.00)		×		
Street Address Stre		Hired by	Building Owner		ASCM	No.							6816		
State Address Addre									nvironme	ntal Serv	ices	3,	I	nc	
Haddon Heights, NJ 08035 Project Manager for Monitoring Firm R. Alan Lloyd Start Date (10) 8-13-14 Score of Work (10) 8-13-14 Cocupancy Status During Abatement (Check only one) Abatement Performed Outside of Normal Facility Hours Q Other - Describe: outside removal Scope of Work (Check all that apply) * abatement prior to Demolition Location of Asbestos-Containing Material (ACM) IN Facility IN Facility IN Facility (13) Name of Registered Waste Hauler Service Transport Philadelphia, PA 19137 Telephone No. 215-533-5155 Name of OSHA Monitor Pennoni Associates Street Address 515 Grove St., Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Start Date (10) Removation Demolition Renovation Normally Sed Solely by Maintenance/Custodial Staff? (12) Yes No N/A Name of Registered Waste Hauler ID No. Name of Registered Waste Hauler City, State Normisville, PA Name of Registered Waste Hauler Service Transport Name of Registered Waste Hauler City, State Normisville, PA Completed by Navion Registered Main Pack of Operations Signpture Philadelphia, PA 19137 Name of Osha Monitor Pennoni Associates Name of Osha Monitor Pennoni Associates Staff Carove St., Suite 1B City, State NJ 08035 Staff Carove St., Suite 1B City, State NJ 08035 Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Specify Spec		, S	uite 1B						aley Str	eet					
R. Alan Lloyd Start Date (10) 8-13-14 Occupancy Status During Abatement (Check only one) Gracility Closed/Vacated During Entire Pariod of Abatement Abatement Performed Outside of Normal Facility Hours Q Other - Describe: outside removal Scope of Work (Check all that apply) * abatement prior to By ≥ 160 sf or ≥ 260 lf Classific Containing Material (ACM) Custodial Staff? (12)		hts,	NJ 0803	5				City, State, Zip (Philadel	Code .phia, PA	19137					
Street Address Str			m				0505		-5155						
Abatement Performed Outside of Normal Facility Hours Q Other - Describe: Outside removal Scope of Work (Check all that apply) *abatement prior to Demolition Sope of Work (Check all that apply) *abatement prior to Demolition Sope of Work (Check all that apply) *abatement prior to Demolition Sope of Work (Check all that apply) *abatement prior to Demolition Sope of Work (Check all that apply) *abatement prior to Demolition Sope of Work (Check all that apply) *abatement prior to Demolition Sope of Work (Check all that apply) *abatement prior to Demolition Sope of Work (Check all that apply) *abatement prior to Demolition Sope of Work (Check all that apply) *abatement prior to Demolition Sope of Work (Check all that apply) *abatement prior to Demolition Sope of Work (Check all that apply) *abatement prior to Demolition Mini-Enclosure Mini						le (11)		Name of OSHA Pennoni	Monitor Associat	es			-		
Abatement Performed Outside of Normal Facility Hours Q Other - Describe: Outside removal City, State, Zip Code Haddon Heights, NJ 08035 City State, Zip Code Haddon Heights, NJ 08035 City, State, Zip Code Haddon Heights, NJ 08035 City State, Zip Code Haddon Heights, NJ 08035 City, State Haddon Heights, NJ 08035 City State Haddon Heights, NJ 08035 City State Haddon Heights, NJ 08035 City State Haddon Heights, NJ 0803	Occupancy Status Durin	g Abatem	ent (Check only	one)							1				
Completed by Conterior Counting Material (ACM) Completed by Completed	☐ Facility Closed/Vacate	ed During	Entire Period of	Abate	ement					Suite 1B		_	_		_
Scope of Work (Check all that apply) *abatement prior to demo Full Containment with Negative Pressure Renovation Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and	☐ Abatement Performed ☐ Other – Describe: ○1:	Outside	of Normal Facili	y Hou	ırs			Haddon F	Heights,	NJ 08035					
Safor≥3 Free Demolition Description of Normally Description of Asbestos Containing Material (ACM) Amount (Specify Description of Name of Registers insulation, surfacing, VAT, or other miscellaneous) Second Demolition Demoli	Scope of Work (Check a	Il that app	W)*ahate	men	t r	rio	r to	I							
Second Solution of Second	□ ≥ 3 sf or ≥ 3 lf		abacc			U Ken	ovation	☐ Mini-	-Enclosure	Negative Pressure	Ð				
Secretion Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X *see attached* X Normally Service Transport No.	ङ्कर्≥ 160 sf or ≥ 260 lf					⊔ Dem	olition			d Non-Friable Proc	edure			9.60	
Location of Asbestos-Containing Material (ACM) Sued Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X *see attached* X X *see attached* X *see at				Is	Locati	on						Α			nt
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Name of Registered Waste Hauler Service Transport Name of Registered Waste Hauler City, State Morrisville, PA Completed by To be Abate (ACM) Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material	Locati	on of						Description	of				M		
Name of Registered Waste Hauler Service Transport City, State Morrisville, PA Compared for Name of Operations Signature NAME of Name of Registered Landfill A & L Salvage City, State Morrisville, PA Compared for Name of Registered Landfill A & L Salvage City, State Morrisville, PA Compared for Name of Registered Landfill A & L Salvage City, State Morrisville, PA Compared for Name of Registered Landfill A & L Salvage City, State Morrisville, PA Compared for Name of Registered Landfill A & L Salvage Disposal Date Libson, OH Compared for Name of Registered Landfill A & L Salvage	Asbestos-Containir	ng Materia	(ACM)	Mai	intena	nce/	Asbe	stos Containing M	aterial (ACM)			R		Enc	En
Name of Registered Waste Hauler Service Transport City, State Morrisville, PA Compared for Name of Operations Signature NAME of Name of Registered Landfill A & L Salvage City, State Morrisville, PA Compared for Name of Registered Landfill A & L Salvage City, State Morrisville, PA Compared for Name of Registered Landfill A & L Salvage City, State Morrisville, PA Compared for Name of Registered Landfill A & L Salvage City, State Morrisville, PA Compared for Name of Registered Landfill A & L Salvage Disposal Date Libson, OH Compared for Name of Registered Landfill A & L Salvage				C			(1.6	surfacing, VA	T, or			mo	epa	apsu	clos
Name of Registered Waste Hauler Service Transport City, State Morrisville, PA Compared for Name of Comparations Signature X Name of Registered Landfill A & L Salvage City, State Libson, OH Date 8-4-14	(13	3)			(12)			other miscellan	eous)			val	Ŧ	ilate	ure
Name of Registered Waste Hauler Service Transport City, State Morrisville, PA Comparison for Niven Dire of Operations X Name of Registered Landfill A & L Salvage City, State Libson, OH Comparison for Niven Dire of Operations Signature Signature Date 8-4-14				Yes	No	N/A				41					
Name of Registered Waste Hauler Service Transport City, State Morrisville, PA Completed by Transport NJDEP Waste Hauler ID No. Completed by Transport Cubic Yards of Waste A & L Salvage City, State Libson, OH Completed by Transport Comple						х	*see a	ttached*							
Service Transport City, State Morrisville, PA Completed by Transport Disposal Date Libson, OH Completed by Transport Completed by Transport Completed by Transport Disposal Date Libson, OH Signature Signature Red - 14												X			
Service Transport City, State Morrisville, PA Completed by Transport Disposal Date Libson, OH Completed by Transport Completed by Transport Completed by Transport Disposal Date Libson, OH Signature Signature Red - 14												_	_	_	
Service Transport City, State Morrisville, PA Completed by Transport Disposal Date Libson, OH Completed by Transport Completed by Transport Completed by Transport Disposal Date Libson, OH Signature Signature Red - 14	Name of Registered Wa	ste Haule		NJ	DEP V	Vaste H	lauler	Cubic Yards of	Name of Regi	stered Landfill					_
Morrisville, PA Libson, OH Completed by Title Signature Signature 8-4-14				13,000				Waste							
Completed by Title Signature Signature Date 8-4-14					-			Disposal Date	1 -						
Tonnifor Niver Dir of Operations									Libson	OH	D./				
	Completed by Jennifer Ni	ven	Title Dir. of	Op	era	atio	ns		1_			-1	4		

ASB-41 * Do not use this form for asbestos licensure exempted activities.

512 Lakeland Road

Kitchen Bldg.	-			
DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code**	Code**
fire door insulation	storage/mechanical bldg.	6	SF	REM
window glazing putty a/w partition walls	storage/mechanical bldg.	150	LF	REM
9x9 gray floor tile	storage/mechanical bldg.	170	SF	REM
mastic a/w gray 9x9 floor tile	storage/mechanical bldg.	170	SF	REM
roofing system materials(a/w all layers of the flat roof	storage/mechanical bldg.	3000	SF	REM
window glazing putty	storage/mechanical bldg.	500	SF	REM
block pipe insulation	crawlspace	160	LF	REM
corrugated pipe insulation	conn hallway from senior ctr to WIC	8	LF	REM
brown sheet flooring	conn hallway from senior ctr to WIC	650	SF	REM
mastic/paper a/w brown sheet flooring	conn hallway from senior ctr to WIC	650	SF	REM
fire door insulation	conn hallway from senior ctr to WIC	6	SF	REM
window glazing putty	conn hallway from senior ctr to WIC	750	SF	REM
fire door insulation	original kitchen bldg.	6	SF	REM
9x9 brown floor tile	original kitchen bldg.	60	SF	REM
mastic a/w brown 9x9 floor tile	original kitchen bldg.	60	SF	REM
window glazing putty	original kitchen bldg.	200	LF	REM

MAY 11

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	, ,	14		The second of th		rps of Engineers	,	District Jo	b#1 3 4	0-469	95, Ç	K#	
	e Notificatio	n		Street /	Address	Building 100 Pe			+31	20	1	- ;	
	Amended				atte, Zip C		iiii Square Las			<u>اسن</u> 23	1		
	mendment	# <u>5</u>)				T.			- 1			
	mergency		1		•	, PA 19107-3390	<u></u>	Tolophono	Numbo	<u></u>	1		
Comment of the commen	ustification) Cancellation				of Contact hew Tur			Telephone	Numbe	' <u>-</u>	j.		
	Janoshation	<u> </u>	-			FORMATION							10 3
Name of Facility Where Abate	ment is Tak	ing Place	(3)	- 1 70	1611111	T ORGINATION	Type of Facility (4)					_
Control of the Contro	nicht is Tak	ing r lacc	(5)				☐ School (K-12		7	9	ربي		
Walson Hospital Street Address							☐ Subchapter 8	(Other than					
5250 New Jersey Ave.							Other (i.e., pr homes, etc.)	ivate and co	mmerci	al bui	ding	s,	
City (5)							Square Feet	# of Floor	S	Bld	g. Ag	e	-
Fort Dix													
County (6)		- 10110		Count	y Code (7)(STATE USE ONLY)	Current Use (Pri	or if being de	emolishe	ed)			
Burlington						,	Air Force Ba						3
Name of Monitoring Firm Hired	by Building	g Owner	(8)	ASCM N	No.	Name of Abateme	ent Contractor (9)				100		
M.E.C.S.				3813	5	AbateTech, li	nc.						
Street Address						Street Address							
Po Box 341						30 Maple Ave	e. PO Box 25						
City, State, Zip Code						City, State, Zip Co	ode						
Chesterfield, NJ 08515						Lumberton, N							
Project Manager for Monitoring	Firm		Tele	ephone N	lo.	Telephone No.		License N	No.				
William Weisgarber			1 1000	09) 298		609-265-2107	Ø.	00529					
Start Date (10)	Sch	neduled C	omple	tion Dat	e-(11)	Name of OSHA M	lonitor						
01/_20_/_14	<u>-</u> \	10 /	3	1_/_	14	EMSL Analyt	ical						
Occupancy Status During Aba	tement (Ch	eck only	one)			Street Address							
□ Facility Closed/Vacated Du	ring Entire I	Period of	Abate	ment		108 Haddon	Ave.						
☐ Abatement Performed Outs						City, State, Zip Co	ode						
Time of Abatement:	_AM	_PM/	PM		AIVI	Westmont, N	J 08108						Ì
Scope of Work (Check all that	apply)					□ Eull Cont	tainment with Neg	ativo Press	ITO				
☐ >3 sf or >3 lf		ПВ	novat	ion		☐ Mini-End		alive Fressi	iie.				
≥160 sf or ≥260 lf		⊠ De					g Procedure	u Esiabla De					
						⊠ Non-Exe	mpted (*) and No	n-Friable Pro	ocedure		tom	nt T	m.o.
		1000	Loca Norma			Description of	s f			1		ent Ty	
Location of Asbestos-Containing Mate	rial (ACM)	Use	ed Sol	ely by	Asbe	stos Containing Ma	iterial (ACM)	Amour	nt	Removal	Repair	Enc	Enclosure
TO BE ABATED		10	intena	ance/ Staff?	(i.∈	e., thermal systems	insulation,	(Speci		VOV	air	aps	uso
IN Facility (13)		Cus	(12)			surfacing, VAT other miscellane		SF or L	.୮)	<u>m</u>		Encapsulate	9
(13)		Yes	No	N/A			,					Œ	
SEE ATTACHED													
		П				±2							
											$\overline{\Box}$		
											$\frac{\Box}{\Box}$		
					(11	Touble Value	Name of Deci-	torod I s-de	п	Ш	Ш	Ш	Ц
Name of Registered Waste Ha	uler		100	NJDEP V Hauler ID		Cubic Yards of Waste	Name of Regis		u				
AbateTech, Inc.				18750		780		. Lanuilli					
City, State					(Disposal Date	City, State	DA					
Lumberton, NJ						10/31/14	Tullytown,	PA			<i>-</i>		
Completed By (Print or Type)	Т	itle				Signature	1 0		Date		ńl.	. 1	
Jennifer Piraine		Operat	ions	Coordi	nator	Unn	Der tua	Me_	7	10	4/1	7	
ASB-41 MAY 11		* Do no	use t	his form	for asbes	tos licensure exemp	v oted activities.						

Location of Asbestos-Containing	Solely b	on Normall y Maintena	ince or	Description of Asbestos-Containing	Amount (Specify	Α	-	eme /pe	nt
Material (ACM) TO BE ABATED in Facility	Custo	odial Staff?	(12)	Material (ACM) (i.e., thermal systems insulation, surfacing,	SF or LF)	Remova	Repair	Encapsula	Enclosure
(13)	Yes	No	N/A	VAT or other miscellaneous)		oval	air	sulat	sure
BUILDING 5250 Throughout				Popcorn Ceiling	1,785 SF	M	П	П	
BUILDING 5250 Throughout				Duct Insulation	160 SF	X	Ī	I	П
BUILDING 5250 Throughout				Transite Roof	921 SF	X	Ħ	Ħ	Ħ
BUILDING 5250 Throughout				Window/Door Caulk	33,158 LF				
BUILDING 5250 Throughout				Interior Window Glazing	150				
BUILDING 5250 Throughout			M	Transite Panels	1,000 SF	M	П	П	П
BUILDING 5250 Throughout				Roofing	23,000 SF				
BUILDING 5250 Throughout		П	X	Roof Hatch Gasket	20 SF	M	П	П	
BUILDING 5250 Throughout		The state of the s	-	Misc Debris	100 SF	X	Ħ	H	H
BUILDING 5250 Throughout			Ø	Gaskets	10	Ħ	Ħ	Ħ	H
BUILDING 5250 Throughout				Sheetrock	3,250 SF	M	Ħ	H	H
BUILDING 5250 Throughout			X	Backsplash	700 SF	M	H	H	H
BUILDING 5250 Throughout			X	Roof Penetrations	1,200 SF	M	Ħ	H	H
BUILDING 5250 Throughout		T		Flashing	1,600 SF	X	H	H	H
BUILDING 5250 Throughout				Floor Tile & Mastic	3,770 SF	Ħ	Ħ	H	H
BUILDING 5250 Throughout				Stick Pin Mastic	1,100 SF		H	H	뉘
BUILDING 5250 Throughout				Transite Panels	2,650 SF		\exists		ᆸ

NO CK

MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name	of Building	g Owner/Operator (2)	-				
07/30/	14			Sta	te of Nev	v Jersey, Dept o						
Agencies Notified Type Not	ification		-	Street	Address			CENE AUG +:) Pr	5: 1	3	
⊠ EPA □-Initial-				Div	ision of F	Property Manage					,	
☑ DOLWD ☑ Amen	1	_	917.7		State, Zip C							-
	dment #	750)			08625-0034	200002					
DCA Emerg		eluding	g		of Contac		2014 (.)	Telephone Nu	imber 5			
(NJAC 5:23-8) justific				100000000000000000000000000000000000000		zak, Building M		Telephone No	imbei			
L Cance	ilation			1			anagei		31.75			
				FA	CILITY IN	IFORMATION	I =		2			
Name of Facility Where Abatement	100	Barrer .	- 10 St.				Type of Facility (
NJ State House Garage Med	hanica	I Roo	m Re	locatio	n		School (K-12) Subchapter 8		12)			
Street Address							Other (i.e., pr			uilding	s,	
165 West State Street							homes, etc.)			-	200	
City (5) .							Square Feet	# of Floors	В	ldg. Ag	ge	
Trenton												
County (6)				Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	olished)		-3.7-24	
Mercer							Utility					
Name of Monitoring Firm Hired by B	uilding (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
USA Environmental Manage	ment, l	nc.	20.000			AbateTech, I	nc.					
Street Address						Street Address						
344 West State Street						30 Maple Ave	e. PO Box 25					
City, State, Zip Code	-					City, State, Zip Co	SANCE AND AND AND AND AND AND AND					_
Trenton, NJ 08618						Lumberton, N						
Project Manager for Monitoring Firm	-		l Tel	ephone	No	Telephone No.	10 00010	License No.			-	
William Weisgarber, Jr.			1000000	09-656		609-265-2107	• •	00529				1
Start Date (10)	Sobor	fuled C		etion Da		Name of OSHA M		00020				-
	1			1_ / _	,	EMSL Analyt						
Occupancy Status During Abatemen	t (Chec	conly	one)			Street Address						
☐ Facility Closed/Vacated During E	ntire Pe	riod of	Abate	ment		200 Route 13	0 North					
☐ Abatement Performed Outside of						City, State, Zip Co	ode					
Time of Abatement:AM	PI	VI/	PM		AM	Cinnaminsor						
Scope of Work (Check all that apply)		_	53								
			DC 000 11/0 - C	•			tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-Enc	losure g Procedure					
⊠ ≥100 31 01 ≥200 II		Пре	inont	OII			mpted (*) and Nor	n-Friable Proce	dure			
	1	Is	Loca	tion					Ab	ateme	ent T	vpe
Location of			Norma			Description of	of			_		
Asbestos-Containing Material (A	CM)		ed Sol	ely by		stos Containing Ma		Amount	Remova	Repair	nca	Enclosure
TO BE ABATED IN Facility		10000000		Staff?	(ı.e	 thermal systems surfacing, VAT, 		(Specify SF or LF)	ova	Hi I	ıpsı	nsc
(13)			(12)			other miscellane		01 01 21)	_		Encapsulate	9
		Yes	No	N/A							.,	
1 Window @ Powerhouse					Windov	v Caulking		34 LF				
	-	-	-		Window	v Clazina		70 SF			П	
1 Window @ Powerhouse					WITIGOV	v Glazing		10 35			ᆜ	
Name of Registered Waste Hauler	2		1	NJDEP N	Vaste	Cubic Yards of	Name of Regist	ered Landfill				
AbateTech, Inc.			60,030	Hauler ID	No.	Waste	G.R.O.W.S.					
City, State				18750		Disposal Date	Consideration extra consideration			-		-
\$6.000 J#04************************************					(1 1	City, State	DA				
Lumberton, NJ						8/31/14	Tullytown,					
Completed By (Print or Type)	Title					Signature	1 0		Date	1	. 1	
Jennifer Piraine	0	perat	ions	Coordi	nator	YAAL	der Liva	CAR	1 3	100	14	
ASB-41				75 V20	12 12 12	7		V (A				
MAY 11	*	Do not	use ti	his form	for asbest	os licensure exemp	ited activities.					

NO CK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	, ,	4				ng Owner/Operator (1-1-44000 450			.,	
	/	4		Ne	wark Co	mmunity Health	Centers, Inc.	Job #1206-450	J8 Ch	eck	Ħ	
	otification	n		Stree	et Address			Dass till				
☐ EPA ☐ Initia		_		74	1 Broadv	vay		2014 AUG -5	PH	6:	i3	
(ended endment:	#4	1	City,	State, Zip	Code						
	ergeney-(_	10	Ne	wark, NJ	07107		5 5			T.	
	ification)		.5	Nam	e of Contac	ct		Telephone Num	nho-			
☐ Can	cellation			Bu	siness C	Office						
				FA	CILITY II	NFORMATION		-1				
Name of Facility Where Abatemer	nt is Taki	ng Plac	ce (3)				Type of Facility	(4)				
Newark Community Health			8 %				School (K-12	35 70				
Street Address							Subchapter	8 (Other than K-12	2)			
741 Broadway							☑ Other (i.e., p homes, etc.)	rivate and comme	ercial b	uildin	gs,	
City (5)	-						Square Feet	# of Floors	Tp	ldg. A	\00	
Newark							Oquale 1 cet	# 011 10015		iug. r	ige	
County (6)				Cou	nty Codo /	7)(STATE USE ONLY)	Current Hea /Dr	ior if being demoli	iahad\			
Essex				000	my Code (I)(STATE USE CIVET)	Health Cent		snea)			
Name of Monitoring Firm Hired by	Duilding	0	(0)	ACCM	I M-	IN						
	1 1	Owner	(8)	ASCM	No.	Name of Abateme						
Environmental Connection	, inc.					AbateTech, li	nc.				22.5	
Street Address						Street Address	49-0-250000 SECAS					
120 North Warren Street						30 Maple Ave						
City, State, Zip Code						City, State, Zip Co						
Trenton, NJ 08608			_			Lumberton, N	1J 08048					
Project Manager for Monitoring Fire	m		Tel	ephone	No.	Telephone No.		License No.				
Ryan Broadwater			6	09-392	2-4200	609-265-2107		00529				
Start Date (10)	Sche	duled	Comple	etion Da	ate (11)	Name of OSHA M	lonitor			-2782		
5/27/14	_	8	/ _ 3	1_/	14	EMSL Analyti	ical					
Occupancy Status During Abatem	ent (Che	ck only	one)			Street Address					_	
☐ Facility Closed/Vacated During	Control of the second	200000000000000000000000000000000000000		ment		200 Route 13	0 North					
					scribe	City, State, Zip Co						
Time of Abatement: 7:00AM-3	:30PM/_	F	PM	AM		Cinnaminson						
Scope of Work (Check all that app	lv)					Ommaninison	, 140 00077			-		
	37				35	☐ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			enovat			☐ Mini-Encl	losure					
≥160 sf or ≥260 If		Пρ	emoliti	on		☐ Glovebag		n-Friable Procedu	IFO.			
	_	1 1	s Loca	fion	T	M Holl-Excl	inpice () and 140	11-1 Hable 1 Tocedo	1		T	
Location of			Norma			Description of	f			-	ent T	1
Asbestos-Containing Material (ACM)		ed Sol		Asbe	estos Containing Mat		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED		2000	aintena stodial		(i.∈	e., thermal systems i		(Specify	Non	air.	aps	los
IN Facility (13)		04.	(12)			surfacing, VAT, other miscellaned		SF or LF)	<u>a</u>		ula	ure
(.0)		Yes	No	N/A	1	other miscellanet	ous)			1	6	
1 st Floor	_				Floor T	ile & Mastic		2 720 05		I_{\Box}		
1 11001		1			FIOOF I	IIE & WASTIC		2,720 SF		1		Ш
		П				N 1000 N			ТП	П	П	
		+		-					+-	1]	H
None of Death 1997			14.			I a i i i i					Ш	Ш
Name of Registered Waste Hauler			10000	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regis					
AbateTech, Inc.			1	18750		-20-	G.R.O.W.S	. Landfill				
City, State		11111111			-	Disposal Date	City, State					
Lumberton, NJ					1	8/31/14	Tullytown,	PA				
Completed By (Print or Type)	Titl	e				Signature	1 0	. Da	ate i		10	
Jennifer Piraine			ions (Coord	inator	() / A A .	der Ou	laine	71:	301	14	
SB-41						- COL	Tur Fu	ia ora	1 -	1	1 1	-
1AY 11	*	Do no	t use th	is form	for asbest	tos licensure exempl	ted activities.		65			

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

	Name of Building Owner/Operator (2) NJSDA / Job #1406-4781 Check # PAGE 1 OF 2												
Agencies Notified Type No				A STATE OF STATE	t Address	nt Street	25 4	- <u> </u>					
☑ DOLWD ☐ ☑ Amer	nded		_		State, Zip (1 4.	-			
2	ndment #			1	enton, NJ		C: -						
DCA Emer		ncludin	9	~	of Contac			Telephone Num	hor				
(NJAC 5:23-8) justifi	ication) ellation	c - 184 - 1000 7-000		2.3339	ry Elliott			relephone Num	Dei				
				FA	CILITY IN	NFORMATION							
Name of Facility Where Abatement	is Takir	g Place	(3)				Type of Facility	(4)					
West NY PS#5							School (K-12						
Street Address	-				-			(Other than K-12					
5401 Hudson Avenue							homes, etc.)	rivate and comme	rciai bi	Jilaing	js,		
City (5)			543				Square Feet	# of Floors	В	ldg. A	ge	-	
West New York									1/0504	3			
County (6)	-	-		Соц	ntv Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			_	
Hudson					, , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	School		/				
Name of Monitoring Firm Hired by I	Building	Owner	(8)	ASCM	No.	Name of Abateme							
Whitman Companies			(-)			AbateTech, I	3.5						
Street Address						Street Address	11.70.1						
7 Pleasant Hill Rd.													
City, State, Zip Code			30 Maple Ave. PO Box 25 City, State, Zip Code										
Cranbury, NJ 08512			Lumberton, NJ 08048										
Project Manager for Monitoring Fire	n ·		Te	lephone	No.	Telephone No.		License No.					
Kevin Lovely			1 113	732-390		609-265-2107		00529					
Start Date (10)	Sche	duled C	omp	letion Da	ate (11)	Name of OSHA M	Ionitor					_	
06 /30 /14				06 /	100	EMSL Analyti	ical						
Occupancy Status During Abateme	nt (Chec	k only	one)			Street Address	X					-	
☐ Facility Closed/Vacated During I			200000			200 Route 13	0 North						
☐ Abatement Performed Outside of					scribe	City, State, Zip Co						-	
Time of Abatement:AM-	P	M/	_PN	л	AM	Cinnaminson							
Scope of Work (Check all that apply	()					⊠ Full Cont	ainment with Neg	ative Pressure					
≥3 sf or ≥3 If		⊠ Re				☐ Mini-Enc	losure	auvo i roosaio					
≥160 sf or ≥260 lf		☐ De	molit	tion		☐ Gloveba	Procedure	n-Friable Procedu	ıro				
		1	Loca	ntion	1	□ MOII-EXE	mpted () and No	II-FIIADIE FIOCEGU	-				
Location of			Norm			Description o	f		-	atem			
Asbestos-Containing Material (A	CM)			lely by		stos Containing Ma	terial (ACM)	Amount	Removal	Repair	Enc	Enclosure	
TO BE ABATED				ance/ I Staff?	(i.e	e., thermal systems i		(Specify	VOC	air.	aps	losı	
IN Facility (13)		000	(12			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	le l	
, , , , , , , , , , , , , , , , , , ,		Yes	No	N/A]					_	Ф		
Back of Building			☐ Loose & Flaking Paint (Clean up) 130 SF										
Light Wells			\boxtimes	☐ Loose & Flaking Paint (Clean up) 5,520 SF									
Exterior			\boxtimes		Stucco			3,720 SF					
see page 2													
Name of Registered Waste Hauler		1		NJDEP		Cubic Yards of	Name of Regis	tered Landfill		-			
AbateTech, Inc.				Hauler II 1875		Waste 125	G.R.O.W.S.	Landfill					
City, State		_		10/3	,	Disposal Date	City, State					-	
Lumberton, NJ						8/6/14	Tullytown,	PA					
Completed By (Print or Type)	Title	e	_				1		ate			_	
Jennifer Piraine	0.000000		ons	ns Coordinator Signature Signature Place 13114									

ASB-41 MAY 11

* Do not use this form for asbestos licensure exempted activities.

NO CK

MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name	of Building	g Owner/Operator (2	2)						
07 / 31 /	14			NJS	SDA	/ Job #1406	3-4781 Check #	#	PAGE	2 C	F 2		
Agencies Notified Type Not	ification			Street	Address					1000			
⊠ EPA □ Initial		_		32	East From	nt Street							
☑ DOLWD ☑ Amen			\	City, S	state, Zip C	Code		***************************************					
	dment #2)	Tre	nton, NJ	08625							
DCA Smerg	ency (in	ciuaino			of Contac			Telephone	Numbe	er	-	2-54700	
Cance				Gar	y Elliott								
					-	IFORMATION							
Name of Facility Where Abatement	is Takino	Place	(3)				Type of Facility ((4)	-				
West NY PS#5	5-T-0)		(-)				School (K-12						
Street Address		-				***	☐ Subchapter 8	(Other than	K-12)				
5401 Hudson Avenue							Other (i.e., pr homes, etc.)	ivate and co	ommerc	al bu	ilding	s,	
City (5)			_				Square Feet	# of Floor	re	BI	ig. A	- Ar	
West New York							Square reet	# 011 100	15		ıy. A	90	
County (6)				Cour	tu Codo (7)(STATE USE ONLY)	Current Use (Pri	or if boing d	omolich	04/			
Hudson				Coun	ity Code (/	NOTATE USE UNLT)	School	of it being u	CHOUSH	eu)			
		\	(a) I	10011		This can be							
Name of Monitoring Firm Hired by B	ullaing C	wner	(8)	ASCM	No.	Name of Abateme							
Whitman Companies													
Street Address						Street Address 30 Maple Ave							
7 Pleasant Hill Rd.													
City, State, Zip Code						City, State, Zip Co							
Cranbury, NJ 08512			T= .			Lumberton, N	1J 08048						
Project Manager for Monitoring Firm			/	phone		Telephone No.		License I					
Kevin Lovely			-	2-390		609-265-2107		00529					
Start Date (10)	1			tion Da		Name of OSHA M							
06 /30 /14	(-	8_ /			14_	EMSL Analyti	ical						
Occupancy Status During Abatemen						Street Address							
Facility Closed/Vacated During E						200 Route 13	0 North						
Abatement Performed Outside of Time of Abatement:AM						City, State, Zip Co							
75-00-00-00-00-00-00-00-00-00-00-00-00-00						Cinnaminson	, NJ 08077						
Scope of Work (Check all that apply)					⊠ Full Cont	ainment with Neg	ative Pressu	ure				
≥3 sf or ≥3 If			novati			☐ Mini-Encl	losure						
⊠ ≥160 sf or ≥260 lf		☐ De	molitic	n		☐ Glovebag	g Procedure mpted (*) and Nor	. Eriable Dr	ocoduro				
		1-	1			☐ Non-Exe	mpted (*) and Noi	1-Filable Pi	ocedure				
Location of		1000	Locat Vorma			Description o				Ab		ent T	
Asbestos-Containing Material (A	CM)	Use	d Sole	ly by	Asbe	stos Containing Ma		Amour	nt	Rer	Repair	Enc	Enclosure
TO BE ABATED		1 000000	intena			., thermal systems i	insulation,	(Speci		Removal	air	aps	sols
IN Facility		Cus	todial ((12)	stan?		surfacing, VAT, other miscellane		SF or L	.F)	a		Encapsulate	ure
(13)		Yes	No	N/A		other miscellane	ous)					te	
North Side Light Well					Asbest	os Paint		60 LF	=	\boxtimes			
South Side Light Well			\boxtimes		Asbest	os Paint		72 LF	-	\boxtimes			
Back Walls			\boxtimes		Asbest	os Paint		34 LF	-	\boxtimes			
				П						П	П	П	П
Name of Registered Waste Hauler				NJDEP Waste								-	
AbateTech, Inc.			7.67	auler ID	No.	Waste	G.R.O.W.S.						
City, State				18750		125 Disposal Date	City, State						
Lumberton, NJ						8/6/14	Tullytown,	DΛ					
Vermous Partie D. Set the Color Set of the Set of S	1=					100/01/02/1/02/0	runytown,	. ^	15.7				
Completed By (Print or Type)	Title					Signature	las Osis	Α -	Date	1	2.1	14	
Jennifer Piraine	0	perati	ons (s Coordinator Shuffl lucine 7/31/14									

* Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

	/ 1	4		90.000		ng Owner/Operator (oard of Educatio		7-4796	Check #	#653	6		
Agencies Notified Type I ☐ EPA ☐ Init	Votification	1			et Address		ङ (बु						
	nended					ehigh Streets					••		
	endment	#			State, Zip								
	ergency (includi	ng	-		IJ 08812			3-20				
	tification)			07/03/03/03/03	e of Conta			Telephon	e Numb	er			
∐ Ca	ncellation				ian DeLu								
Name of Facility Where Abateme	mt in Talsi	DI	- (2)	FA	CILITY II	NFORMATION	r = -=						
Dunellen High School	ni is rakii	ng Piac	ce (3)				Type of Facility (
Street Address							School (K-12) Subchapter 8		an K-12)				
411 1 st Street							Other (i.e., pri	vate and o	commerc	ial b	uildin	gs,	
City (5)							Square Feet	# of Floo	ors	В	ldg. A	\ge	
Dunellen							81,881	2			85	10.00	
County (6)	10041010.			Cou	nty Code (7)(STATE USE ONLY)	Current Use (Price	r if being	demolish	ed)			
Middlesex						357	High School						
Name of Monitoring Firm Hired b	y Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
Environmental Connectio	n, Inc.			000	30	AbateTech, Ir	nc.						
Street Address						Street Address			7				
120 North Warren St.						30 Maple Ave	. PO Box 25						
City, State, Zip Code						City, State, Zip Co	ode					_	
Trenton, NJ 08608						Lumberton, N	IJ 08048						
Project Manager for Monitoring F	irm			ephone		Telephone No.		License	No.	720			
Dominick Dercole			6	09-462	2-3218	609-265-2107		0052	9				
Start Date (10)07 /31 /14	100000000000000000000000000000000000000		Name of the Party	etion Da 1 /	over the second second	Name of OSHA M EMSL Analyti			II				
Occupancy Status During Abatem		11-11-12				Street Address				_			
☐ Facility Closed/Vacated During				ment		200 Route 13) North						
☐ Abatement Performed Outside	of Norma	l Facili	ty Hou	rs - Des	scribe	City, State, Zip Co							
Time of Abatement:AN	/IP	M/	PM		_AM	Cinnaminson							
Scope of Work (Check all that app	oly)			800000	-112%						_		
☐ >3 sf or >3 lf		N n		122			ainment with Nega	tive Press	ure				
 ≥3 \$1 \$1 ≥3 \$1 ≥160 \$1 \$260 \$1 			enovat emoliti				osure Procedure npted (*) and Non-	Eriabla Br	rocadura				
		1	s Loca	fion	T	☐ Non-Exer	inpled () and Non-	-Friable Pr	ocedure				n Tayanan
Location of			Norma	ally		Description of				100	_	ent T	
Asbestos-Containing Material	(ACM)		ed Sol			stos Containing Mat	erial (ACM)	Amou	nt	Ren	Repair	Enc	Enc
TO BE ABATED IN Facility		(2)(2)	stodial		(i.e	., thermal systems in		(Spec		Removal	air	aps	Enclosure
(13)			(12)			surfacing, VAT, other miscellaned		SF or I	-F)	<u>m</u>		Encapsulate	Гe
ad .		Yes	No	N/A								Ф	
3 rd Floor Hallway					10" dia	meter pipe (wet v	vrap)	25 L	F		\boxtimes		
										П	$\overline{\Box}$		П
Name of Registered Waste Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Registe	red Landfi	ill		_	_	
AbateTech, Inc.			H	lauler ID	german g	Waste	G.R.O.W.S. I						
City, State				18750		1 Disposal Date	City, State						
Lumberton, NJ						7/31/14	Tullytown, P	Α					
Completed By (Print or Type)	Title	9	00000001			Signature	. ^ -		Date		· ·		
Jennifer Piraine			ions (Coordi	nator	Arma	ber Pinan	ns	7	13	1/9	4	
SB-41 AY 11		Do not	use th	is form	for ashest	os licensure exempt	,	-\					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

C2#2678

								CE 1		- 105			
Date of Notification (1)							Owner/Operator (2	2)		-1.	2		
	_1/	14			E.I.	duPont (de Nemours						
Agencies Notified EPA	Type Not Initial	ification				Address	guake Road	2014	MUG-5 Pi	15:	59		
□ DOLWD	☐ Amen	ded				state, Zip C	그래 하는 것이 없는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하					-	
☑ DHSS		dment #	_			lin, NJ 08				N. F.E.	11		
DCA		gency (incl	uding			of Contac			Telephone Num	har			
(NJAC 5:23-8)	☐ Cance	cation)				hol Reini			relephone ivani	Dei			
	_ oans				1700000000								
N (F)" 148				(0)	FAC	CILITY IN	IFORMATION	r=					-
Name of Facility Where			Place	(3)				Type of Facility (198				
DuPont Parlin Faci	lity - Blag	g. 425						School (K-12)) (Other than K-12)			
Street Address 250 Cheesequake I	Road								ivate and comme		ilding	s,	
City (5)					** ** * *			Square Feet	# of Floors	BI	dg. A	ge	-
Parlin								1 Access 1 Access 2 A	100000000000000000000000000000000000000	1,2550			
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)	100		
Middlesex								0	_	i i i i i i i i i i i i i i i i i i i			
Name of Monitoring Firm	Hired by E	Building Ov	vner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Cardno ATC		3		- I			D	VIRONMENTAL	INC.				
Street Address	-						Street Address		-				
3 Terri Lane							1123 BEAVE	R STREET					
City, State, Zip Code							City, State, Zip Co						
Burlington, NJ 080	16						BRISTOL, PA						
	oject Manager for Monitoring Firm						Telephone No.		License No.				
John Lutz				1 1 1 1 1 1	phone 9-386		215-788-6040	i i	00509				
Start Date (10)		Schedu	led C	10000		CONTRACTOR OF	Name of OSHA M	W					
_ 8 / 18 /	14			7.0	1			VIRONMENTAL	_, INC.				
Occupancy Status During							Street Address		***********				
☐ Facility Closed/Vacate					ment		1123 BEAVE	PSTREET					
☐ Abatement Performed						cribe	City, State, Zip Co						_
Time of Abatement: 7	':00AM-3:	30PM/	Pi	VI	AM		BRISTOL, PA						
Scope of Work (Check a	I that apply	/)											
⊠ >3 sf or >3 lf		E.	Ⅺ Re	novati	on		☐ Full Cont	tainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf		Ď		molitic				g Procedure					
							☐ Non-Exe	mpted (*) and No	n-Friable Procedu				
				Locat Iorma				1.		Ab	atem	ent T	ype
Location Asbestos-Containing		CM)		d Sole		Ashe	Description of stos Containing Ma		Amount	Re	Repair	En	En
TO BE ABA	ATED			intena			., thermal systems	insulation,	(Specify	Removal	pair	cap	Enclosure
IN Facili (13)	ity		Cusi	(12)	Staff?		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure.
(10)			Yes	No	N/A		other miscellane	ous)				ē	
Building 425 Room 1	10area			\boxtimes		Pipe In:	sulation		486				
			П									П	
			Ц_	Ц	-					ᆛᆜ	Ш	ш	ш
												Ш	
Name of Registered Waste Hauler				1	JDEP I		Cubic Yards of Waste	Name of Regis			1		
SERVICE TRANSPORT GROUP, INC.					20990		5	GROWS La	andilli				
City, State							Disposal Date	City, State				8	
NEW CASTLE, DE 19720							8/25/14	Morrisville	, PA 19067				
Completed By (Print or T	ype)	Title					Signature	0	, D	ate /	/	,	-
Gino Pizzigoni Estimator							Sin	· Kuria	me/il	8/1/	14		
ASB-41						-		000	1	//	W. W.		

CK006285

D&S Proj. #: 2014-311

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Date of Notification (1)		lame of B	uilding Owr	ner/Operator (2)				17 EL	<u> 3 -3 </u>	111	: 58	?	. 100001_00
0 7 / 3 1 / 1 4			KRUPKIN	1				no-					
Agencies Notified Type Notification	Jon S	Street Add	ress					Č:	Lan.		-	6	
DEP Amended		-	REMON	T DRIVE					14.17	: 143 U			
Amendment #		ity, State,	Zip Code	1									
Emergency		_		NJ 07040									
DOH (including justification)	N	ame of Co	ontact				T	elephor	ne Numbe	er			
DCA Cancellation	1	ANNA	KRUPKI	N						_			
			FAC	ILITY INFORM	ATION								
Name of facility where abatement	s taking pla	ace (3)	0.				Type of F		(4) ol (K - 12)	\			
ANNA KRUPKIN							1 1		apter 8 (0		nan K	-12)	
Street Address									(Private/C			-12)	
27 CLAREMONT DRIVE								Bldgs.	Homes,	etc.		da A	70
City (5)	Cour	nty (6)			Cou	nty Code (7)	Square	-eet	# of Floo	ors	DI	dg. A	ge
ony (o)	Joan	, (0)			With the second	te use only)	Current	Use (P	rior if beir	ng dem	olishe	ed)	
MAPLEWOOD		SEX											
Name of Monitoring Firm Hired by	Bldg. Owne	∍r (8)		ASCM No.		Name of Abatemen							
Street Address					_	D & S RESTOR	RATION, I	NC.					
Street Address						20 California A	110						
City, State, Zip Code					_	City, State, Zip Code	Annual Control of the				-	-	
						Paterson, NJ 0							
Project Manager for Monitoring Firm	1	I P	hone Numl	per		Telephone Number	7505	_	License	Numb	er	_	
						973-345-8020)			01169			
Start Date (10)	ISched	. Complet	tion Date (1	1)	-	Name of OSHA Mor	nitor						
08/14/14		A 05,010		7%		D & S Restorat	tion, Inc.						an on each acc
Occupancy Status During Abateme	08/29	Third in the	die e			Street Address							
Facility closed/vacated during	CONTRACTOR OF STREET		ement.			20 California A City, State, Zip Code		-					
Abatement performed outside						Oity, State, Zip Cour	3,						
Describe:NORMAL F	IOURS				_	Paterson, NJ 0	7503						
Scope of Work (check all that appl	y)						Full Contain	ment v	v/negative	e press	ure		
	Renovatio	n				×	Mini-enclos						
≥160 sf or ≥260 lf	Demolition	1					Glovebag p			-friable	proce	edure	<u> </u>
Location of			used solel	у						I R	R	Е	E
asbestos-containing	staff(12)	enance/cu	stodial			sbestos-containing	1,000	nount	SE or	m	e p	n	n
material (acm) to be abated in facility (13)	Yes	No	N/A	material (ACM)		LF	pecify S	5F 0I	0 V	a	а	C L
7000	103	110	IN/A					8		е	_	р	
BASEMENT		$\square X$		DUCT INS	-		135 S		AND THE RESERVE OF THE PERSON		부	ᆜ	부
GARAGE		LX		DUCT INS	ULA'	TION	3 SQ	FT			ᆜ	부	무
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Registered Waste Hauler	ID# C	Lubic Yards of \	Vaste	Name of Registere	d Landfill	-		_ _	Ц	Ш			
D & S RESTORATION, INC.	CO. C.	2 YDS		TULLYTOWN		CE RI	ECOVE	RY					
City, State	Disposal I			City, State						V			
PATERSON, NJ 07503	08/15/1			TULLYTOWN	I, PA		To						
Completed by (Print or Type) BOGDAN JOLDZIC	Signature					Date 07/31	1/2014						
ASB-41	PRESID Do not us		n for asbest	os licensure ex	empte	d activities.		-	0113	. 2017			

(K 006284

D&S Proj. #: 2014-310

						GEST SUG					
Date of Notification (1)	Name of I	Building Own	er/Operator (2)			254,ALG - 5	YA 5:	57			
0 7 / 3 1 / 1 4		МАССНІА				25					
Agencies Notified Type Notificat	Street Add	dress				& item		J 1.			
DEP Amended	663 RA	AMAPO RO	DAD				4 - 17 (1) ·				
Amendment #:	City, State	e, Zip Code									
DOL ☐ Emergency	TEAN	ECK, NJ	07666		E 12						
DOH (including justification)	Name of C	Contact				Telepho	ne Numbe	r			
☐ DCA ☐ Cancellation	11	MACCHL	A			'					
		FAC	ILITY INFORMA	ATION							
Name of facility where abatement i	is taking place (3)					Type of Facility					
PAUL MACCHIA							ol (K - 12)			4.0%	
Street Address				*****			hapter 8 (C · (Private/C			-12)	
************************************						Bldgs	./Homes, e				
663 RAMAPO ROAD	County (6)			_		Square Feet	# of Floo	rs	BI	dg. A	ige
City (5)	County (6)		2		ty Code (7) e use only)	Current Use (I	Drior if boin	a dem	olich	24)	
TEANECK	BERGEN	A. 1. 12 12 12 12 12 12 12 12 12 12 12 12 12		10.000		Current Ose (i	rioi ii beli	ig delli	Olisiie	su)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)	1	ASCM No.	111	Name of Abatement (Contractor (9)					
					D & S RESTORA	ATION, INC.					
Street Address					Street Address						
					20 California Av	e.	-			A-110-10	
City, State, Zip Code					City, State, Zip Code						
				_ _	Paterson, NJ 075	503					
Project Manager for Monitoring Firm		Phone Numb	er	1	Property Pro		License	Numb	er		
				-	Name of OSHA Monit	TOP.		1109			
Start Date (10)	Sched. Comple	etion Date (1	1)		D & S Restoration						
08/14/14	08/29/14	000000-0000000000000000000000000000000		1 3	Street Address		handle of a	-	- HARTING		
Occupancy Status During Abatemer					20 California Ave	enue	6				
Facility closed/vacated during Abatement performed outside				C	City, State, Zip Code						
Describe:				_							
Other-Describe: NORMAL H				- 11	Paterson, NJ 075	503					
Scope of Work (check all that apply 3 sf or >3 lf						full Containment	w/negative	press	ure		
🗠	Renovation					Mini-enclosure Blovebag procedi	ıre				
≥160 sf or ≥260 lf	Demolition					Non-Exempted (*		friable	proc	edure	9
Location of	Is location normali by maintenance/ci							R e	R	E	E
asbestos-containing material (acm) to be	staff(12)		Descriptio material (A		pestos-containing	Amount (Specify	SF or	m	р	C	n
abated in facility (13)	Yes No	N/A	material (A	ACIVIJ		ĹF)		o v	a i	a p	L
BASEMENT		_	PIPE INSUI	I ATTC	N.I	1101ft		e N	-		-
DASENENI		4	FIFE INSUI	LAIT)N	110111			井	片	卄
								片	Η	믐	╁
						-		H	片	Η	#
								片	Ħ	Ħ	十一
Registered Waste Hauler	NJDEP Haule		ubic Yards of W	Vaste	Name of Registered I						1
D & S RESTORATION, INC.	13506		yds		TULLYTOWN, I	RESOURCE R	ECOVER	Υ			
City, State PATERSON, NJ 07503		Disposal D 08/15/1			City, State	D.A					
Completed by (Print or Type)	Title	00/13/1	Signature		TULLYTOWN,	rA	Date				
BOGDAN JOLDZIC	PRESIDENT		Oignature				07/31	/2014			
ASB-41	Do not use this form	m for asbesto	s licensure exe	empted	activities.				- Salana	34"-24	

GL14-026

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

check #1326

Page 1 of 1

Date of Notification (1) 8-1-14						Building C	owner/O ard of E	perator Educat	(2) tion	ns /s	N A	110	~				
Agencies Notified	Type No	tification		-	Street Ad		87					NG -	5 	17 ;): <u>5</u>	Ę,	3
EPA DEP DOL	An	nended nendment			City, Stat	e, Zip Coo an, NJ (de					- 14.7 -		· .	إزا		
DOH DCA	jus	nergency (tification)	1000	1 8	Name of	Contact Marra						nhone I	Mumh	er			
☐ DCA	L Ca	ncellation				ITY INFO	RMATIO	ON			l ,		-		- 5		7.27
Name of Facility Where			g Place (3)		TAGE				Туре	of Facility (4)							
Memorial Elementa Street Address	ary Scho	001							×	School (K-12) Subchapter 8		er than k	(-12)				
11 Ely Avenue										Other (i.e. pri- etc.)				build	ings,	home	s,
City (5)										are Feet	Part Land	Floors		100	dg. A	ge	
Laurence Harbor					County	'ada (7)				000+ ent Use (Prior	if hei	na dema	nliche)+		
County (6) Middlesex					County C STATE U	ISE ONLY)		a de la composición della comp		mentary Sc		ig deme	JIISHC	u)			
Name of Monitoring Firm Environmental Con			Owner (8)		ASCM 030	No.		100000000000000000000000000000000000000		atement Contro, Inc	actor	(9)		-,0000			
Street Address				-				Street		ess burg Turnpi	iko						
120 North Warren S City, State, Zip Code	Street		<u>:</u>							Zip Code	ine			//			
Trenton, New Jerse	•							Bloo	ming	dale, NJ 07	403						
Project Manager for Mor Brian Brill	nitoring Fi	rm				92-420	0		710-	9725		Licens 0108					
Start Date (10) 8-1-2014 at 4pm	rt Date (10) Schedul					Date (11)		88879253		SHA Monitor o, Inc	ī						
Occupancy Status Durin	ng Abatem	ent (Ched	k Only One	e)				Street		ess burg Turnpi	iko						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outsi	ng Entire de of Norn	Period of A nal Facility	baterr Hours	ent			City, S	State,	Zip Code gdale, NJ 07							
Scope of Work (Check A		oply)						Dioc	, i i i i i i	juaie, 140 07	700						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	enova emolit			¥		M G	ull Containmer lini-Enclosure lovebag Proce on-Exempted	edure					e	
			le.	Locati	on						// 4//				William Colors	ment	
Locatio	n of		N	ormal	ly			scription		1				_	Ту	pe	
Asbestos-Containing TO BE AB In Faci (13)	BATED ility	(ACM)	Mai	d Sole ntenar odial S (12)	nce/	Asbes (i.e.	thermal surfa	taining I system cing, VA miscella	ns insu AT, or		(5	mount Specify For LF)		Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A								-20			е	
Kindergarten	Classro	om		Χ		Wra	p & Cı	ıt Pipe	Insu	ılation	6	2 LF		X			
Name of Registered Wa	Registered Waste Hauler				JDEP W	/aste	Cubic	Yards		Name of R	Registe	ered Lar	ndfill				
GL Group, Inc					auler ID 033034	No.	of Wa TBD	ste		Grows							
City, State Bloomingdale, NJ							Dispo TBD	sal Date	9	City, State Morrisvil		Α				1535	
Completed by Elena Solakov			Title Presid	***		5	Signatur	e (Denn Sto	lla	,	Dat 8-1	e -20	14			
					- 44 CM												

To: NJDOL Asbestos Page 2 of 4

2014-08-01 16:42:32 (GMT)

From: Elena Solakov

MEMBER - MAIL IN HARD CO)PY ,		Sta ICATION Urayant (b NJAC	ESTOS I B:60 and	ABATEM	l	Page 1	of 1	00L - 1	0 [)/ _: Y		-
Date of Notification (1) 8-1-14			Name of Old Bri	Building dge Bo	Owner/C	C. 4:		AUG 1	0	Old				
Agencies Notified Type Notificetic	n		5#eet Ac 4207 -	ddrese =			- 1 - 1	7.		KILLA	11	VII .	\top	
EPA initial Amended Amended Amended	n+#		City, State, Zip Code Matawan, NJ 07747 WAIVER APPROV											
S DOH justification	y (Including	-	Name of							abhone you		UV	(.U	
			The withing this	LITY INF		ON								
Name of Facility Where Abstement is Tall Memorial Elementary School	ing Piace (3	3)					100	FEC!IN (4			w			5
Street Address 11 Ely Avenue	 ?		an e-manual				SL	her (Le. p	8 (Oth	er than K-12 & commerci		dings,	homi	
City (5) Laurence Harbor	1						Square 40,000	Fest	# o	Floore	5	ildg. A	ge c	g*-
County (6) Middlesex			County (Code (7) ISE ONLY	·		Current Use (Prior if being de Elementary School			ng demolish	red)			
Name of Monitoring Firm Hired by Buildin Environmental Connections, Inc.		ASCM 030	No.			of Abete	ment Conf	tractor	(B)	-				
Street Address 120 North Warren Street		Street Address 140 Hamburg T												
City, State, Zip Code Trenton, New Jersey 08608							tate, Zip	Code	7403		-			
Project Manager for Menitoring Firm Brian Brill		Telephon (609) 3	ne No. 392-420	0	Teleph	one No.			License N 01084	o .				
Start Date (10) 8-1-2014 at 4pm	ed Co	ompletion Date (11) Name of OSHA Monitor GL Group, Inc.												
Occupancy Status During Abatement (Ch				Will be a second		(0.000)	Address	rg Turng	lke	18 10 1100				
Fecility Closed/Vacated During Entir Abatement Performed Outside of No Other - Describe:	rmal Facility	Hour	S			City, St	iate, Zip				+		3000	100
Scope of Work (Check All That Apply)					**********	01001	· · · · gu						-	
23 sf or ≥3 if ≥160 sf or ≥260 if		vexes lomed					Full (Mini- Glove	Enclosure ebag Proc	edure	Negative F				
	3.5	Loca					I NOIP	Exempled	() (41)	d Non-Fried	NO PIC	Abate	ement	ł
Location of Abbestos-Containing Materia; (ACM) TO BE ABATED In Facility (13)	intens	ety by ance/ Staff?		tos Con tierma surfe	scription Mining M systems oing, VA miscellan	leleriel (/ insuleti T, or		(8	imaunt Specify Far LF)	Remova	Repair	Encepsulate	Enclosuse	
	Yes	No	N/A										and the second	6
Kindergarten Classroom		X		VVra	p & Ct	ıt Pipe	Insulat	lon	E	2 LF	X			
								- +			+-	-	_	-
		-	+					+		· · · ·	+	-	-	-
Name of Registered Waste Hauler GL Group, Inc			NJDEP W Hauler ID 0033034	No.	Cubic of We TBD	Yards ete		Name of F	Registr	ared Landfill	1		-	1
City, State Bloomingdale, NJ		Disposal Date					City, State Morrisvi		'A					
Completed by Elena Solakov		*** ·	Sionature						14					

(KOUGESI

D&S Proj. #: 2014-307

								- 10 F				
Date of Notification (1)	Name o	f Building Own	er/Operator (2)				0044					
0 7 / 3 0 / 1 4		ESTATE OF	ELVIRA EL	FLED	N		2014 AUG .	-5 P∺	5: 5	55		
Agencies Notified Type Notificat	ion Street A	ddress										
DEP Amended	508 N	ADISON A	VENUE				7	14.	Th.	j <u>t</u>		
Amendment #:	City, Sta	te, Zip Code					-					
Emergency	DUN	ELLEN, NJ										
DOH (including justification)	Name of	Contact			-		Telephor	ne Numbe	r			
DCA Cancellation	FRE	DERICK EL	FLEIN, EXE	CUTO)R		'					
		FAC	ILITY INFORM	ATION								
Name of facility where abatement i	s taking place (3)					\Box	Type of Facility					
THE ESTATE OF ELVIRA	T EI EIN						=	ol (K - 12)		.,	4.00	
Street Address	LILLIN					- 1	☐ Subch	apter 8 (C			-12)	
							Bldgs.	/Homes, e	tc.			
508 MADISON AVENUE						- [Square Feet	# of Floor	rs	Ble	dg. A	ge
City (5)	County (6)				nty Code (7) te use only)	11	Ownert Use (P	olovit bolo		aliah a	1\	
DUNELLEN	MIDDLE	SEX		(Ola	le use only)		Current Use (P	rior it bein	g aem	Olisne	ea)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatem	ent C	ontractor (9)					
					D & S REST	ORA	TION, INC.					
Street Address					Street Address							
					20 California).					
City, State, Zip Code					City, State, Zip Co	ode						
		Phone Numb			Paterson, N.		03					
Project Manager for Monitoring Firm		Telephone Numb			License	Numb 1169	er					
200					973-345-80 Name of OSHA		nr.	1	1109		-	
Start Date (10)	Sched. Comp	letion Date (1	1)		D & S Resto							
08/15/14	08/31/14				Street Address							
Occupancy Status During Abatemer		•			20 California		nue					
Facility closed/vacated during Abatement performed outside					City, State, Zip C	ode						
Describe: NORMAL H	OURS			_	Paterson, NJ	J 075	03					
Scope of Work (check all that apply						Fi	ıll Containment v	w/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation					□ м	ini-enclosure					
≥160 sf or ≥260 lf	Demolition						lovebag procedu on-Exempted (*)		friable	proce	edure	2
Location of	Is location norm		У				on Exempted ()	and Hon	R	R	E	E
asbestos-containing	by maintenance, staff(12)	custodial			sbestos-containin	g	Amount	25	e m	e	n	n
material (acm) to be abated in facility (13)	Yes No	N/A	material (ACM)			(Specify S	SF OI	0 V	a	а	C L
	165	, IN/A							е	r	р	
BASEMENT BOILER/FAMILY RMS			PIPE INSU	LATI	ON		170 L FT			Ц		
									#	ᆜ	屵	부
			1				_		#	<u> </u>	牌	H
									ዙ	片	片	무
Registered Waste Hauler	NJDEP Hau	ler ID# I C	Lubic Yards of V	Vaste	Name of Registe	ered I	andfill		<u>.</u>		Ш	T
D & S RESTORATION, INC.	13506		2 yds				ESOURCE RI	ECOVER	RY			- 1100
City, State Disposal Date					City, State							
PATERSON, NJ 07503	Title	08/16/1	4 Signature		TULLYTOV	VN, I	PA	1-				
Completed by (Print or Type) BOGDAN JOLDZIC					Date 07/30	/2014						
ASB-41	PRESIDENT Do not use this for	orm for asbest	os licensure ex	empted	d activities.			01130	, 2014			

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D&S Proj. #: 2014-309

State of NJ

							geta ALIC _F	, PH =	: 50	ì			
Date of Notification (1)	,	Name of I	Building Owr	ner/Operator (2))		LUTT 1.00	, , , , ,					
Agencies Notified Type No	_		CGUIRE						-100				
☐ EPA ☐ Initial	lineation	Street Add	dress					1					
DEP Amend	led		LIN AVEN	TUE									
DOL Amendme	ent #:	City, State	e, Zip Code										
Li Emerge			ON, NJ 07	013									
DOH (includi		Name of C	Contact	105 - 155 -			Telephoi	ne Numbe	r				
DCA Cancel	llation	JON N	ACGUIRE										
			FAC	ILITY INFORM	IOITAI	N							
Name of facility where abaten	nent is taking	place (3)					Type of Facility						
JON MCGUIRE							=	ol (K - 12)					
Street Address								apter 8 (C (Private/C			(-12)		
							Bldgs.	/Homes, e	omme etc.	erciai			
49 COLIN AVENUE		. /6					Square Feet	# of Floo	rs	В	ldg. A	ge	
City (5)	0	ounty (6)			1000000	unty Code (7) ate use only)	0	Prior if being demolished)					
CLIFTON		ASSAIC			(010	ac doc only)	Current Use (P	rior it bein	ig dem	iolish	ed)		
Name of Monitoring Firm Hire	d by Bldg. O	wner (8)		ASCM No.	1	Name of Abatement Co	ontractor (9)						
						D & S RESTORA							
Street Address						Street Address							
City, State, Zip Code					_	20 California Ave							
Oity, State, Zip Code						City, State, Zip Code							
Project Manager for Monitoring	Firm		Ohana Numb		_	Paterson, NJ 0750)3	11:	N1				
Troject Manager for Monitoring	, ruiu	'	Phone Numb	er		Telephone Number 973-345-8020		License	Numb 1169	oer			
Start Data (40)	10.7					Name of OSHA Monito	r	1	1109				
Start Date (10)	Sch	ned. Comple	tion Date (1	1)		D & S Restoration							
08/13/14	THE PERSON NAMED IN COLUMN 1	/28/14				Street Address			100	-			
Occupancy Status During Abate						20 California Aver	nue						
Facility closed/vacated du Abatement performed ou	uring entire p	eriod of aba	tement.			City, State, Zip Code							
Describe:		iai facility no	urs-					32					
Other-Describe: NORM					-	Paterson, NJ 0750)3						
Scope of Work (check all that	A100 A100		e-lud-17/30	**************************************		The state of the s	II Containment v	v/negative	press	ure			
>3 sf or >3 lf	Renova	ation					ni-enclosure ovebag procedu						
≥160 sf or ≥260 lf	☐ Demoli	tion					on-Exempted (*)		friable	proc	edure	1	
Location of		tion normall	y used solely	1					R	R	Е	E	
asbestos-containing material (acm) to be	staff(1:		Istodiai			sbestos-containing	Amount	·	e m	e	n	n	
abated in facility (13)	Yes	No	N/A	material (ACM)		(Specify S	or or	0 V	a	а	C	
12 SC 9500	.,,,,	110	14//						е	r	р		
BASEMENT BOILBOILER/LAUNDRY/BAR AREA		II X		PIPE INSU	LAIT	ON	70 L FT		X	ᆜ			
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		#							#	부	부	14	
	-	-	-				-		1	片	님	111	
Registered Waste Hauler	I N.	IDEP Haule	r ID# I C	ubic Yards of V	Vaste	Name of Registered La	andfill		Ш	Ш	Ш		
D & S RESTORATION, IN	NC. 1	3506		YD		TULLYTOWN, RI		COVER	Y		20000000		
City, State Disposal D						City, State							
PATERSON, NJ 07503	4/14 TULLYTOWN, PA												
Completed by (Print or Type) BOGDAN JOLDZIC	Title	DENT		Signature			Date						
ACD 44	PRES	WEN I				T 10 100		07/31/	14	-			

CK 006580

D&S Proj. #: 2014-308

			,		3	nne.							
Date of Notification (1)	Name	of Building Ow	ner/Operator (2))		C+14	AU3 -5	Pi	15:	54			
Agencies Notified Type Notificat	ion	AND JOHN	ENNIS										
EPA Initial	Street	Address						4.		i Jį.			
DEP Amended		DUNTRY CL	UB DRIVE				m, eralik	1.8	14,3				
DOL Amendment #:		ate, Zip Code											
☐ Emergency (including			P., NJ 07928			17.1			-		_		
justification)	I Name o	of Contact				Telephor	ne Number						
DCA Cancellation	JER	I AND JOH	N ENNIS			'							
			CILITY INFORM	ATION									
Name of facility where abatement i	s taking place (3))				Type of Facility	(4) ol (K - 12)						
JERI AND JOHN ENNIS							apter 8 (O	ther t	han K	-12)			
Street Address				V-2		Other	(Private/Co	omme		,			
1 COUNTRY CLUB DRIVE						Bldgs Square Feet	/Homes, et # of Floors		ВІ	dg. A	ge		
City (5)	County (6)			Cou	nty Code (7)					9	J		
CILATIIAAATUD	MODDI			(Stat	te use only)	Current Use (P	rior if being	g den	olish	ed)			
CHATHAM TWP. Name of Monitoring Firm Hired by	MORRIS	<u> </u>	ASCM No.		Name of Abatement	Contractor (9)							
The state of the s	oug. Ownor (o)		ASOM No.		D & S RESTOR	\$8550							
Street Address				$=$ \parallel	Street Address	ATION, INC.							
					20 California A	ve.							
City, State, Zip Code					City, State, Zip Code								
					Paterson, NJ 07	7503							
Project Manager for Monitoring Firm		Phone Num	ber	-11	Telephone Number		License						
					973-345-8020		01	1169					
Start Date (10)	Sched. Com	pletion Date (1	11)		Name of OSHA Mon D & S Restorati								
08/11/14	08/29/14			-	Street Address	ion, mc.			-	-			
Occupancy Status During Abatemer	nt (Check only on	e)			20 California Av	venue							
Facility closed/vacated during Abatement performed outside					City, State, Zip Code								
Describe:		nours-		_									
Other-Describe: NORMAL H				- 11	Paterson, NJ 07	7503							
Scope of Work (check all that apply >3 sf or >3 lf						Full Containment v	v/negative	press	ure				
🖂	Renovation					Mini-enclosure Glovebag procedu	re						
≥160 sf or ≥260 lf	Demolition					Non-Exempted (*)			proc	edure			
Location of asbestos-containing	Is location norm by maintenance							e e	R	E n	E		
material (acm) to be	staff(12)		Description material (sbestos-containing	Amount (Specify S	SF or	m o	р	С	n		
abated in facility (13)	Yes N	o N/A				LF)		v	i	a p	L		
GARAGE			DUCT INS	ULAT	TION	80 SQ FT		e	r	П			
								Ħ	Ħ	Ħ	H		
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Ha 13506		Cubic Yards of V 1 YD	Vaste	Name of Registered TULLYTOWN,		COVED	v					
City, State	Date		City, State	RESOURCE KI	COVER	1							
PATERSON, NJ 07503	14		TULLYTOWN	N, PA									
Completed by (Print or Type)	Signature		A	Date									
BOGDAN JOLDZIC	PRESIDENT	(a)			1 0. 31		07/31/	14					
ASR-41 *	Do not use this :	form for aspect	IOS IICANSIIFA AY	emnter	2CTIVITIAS								

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

2014-57B B & G proj. #: Check #6656 2814 AUG -5 PM 5: 54 Date of Notification (1) Name of Building Owner/Operator (2) 0 8 / 0 1 1 / 1 4 Estate of Lenore Weinstein Decd Agencies Notified Type Notification Street Address ■ EPA 13 Norfolk Avenue V Initial DEP City, State, Zip Code Amendment DOL Maplewood, NJ 07040 DOH Name of Contact Telephone Number Cancellation Paul Ribardo ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Estate of Lenore Weinstein Decd Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 13 Norfolk Avenue Square Feet Bldg. Age # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Maplewood, NJ 07040 Essex Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. N/A B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 08/11/2014 08/12/2014 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: wrap & cut Scope of Work (check all that apply) Demolition Full Containment w/negative pressure Glovebag procedure Renovation Mini-enclosure Non-friable procedure >3 sf or >3 lf __ ≥160 sf or ≥260 lf Is location normally used solely E Location of e by maintenance/custodial Amount asbestos-containing Description of asbestos-containing n m p staff(12) C (Specify SF or material to be material (ACM) C 0 a a abated in facility (13) LF) Yes N/A ٧ No pipe insulation 30 lf front porch crawl space pipe insulation 7 If laundry room behind sink,washer & stove Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Center Disposal Date City, State City, State 08/12/2014 Tullytown, PA Lincoln Park, NJ 07035 Signature Date Completed by (Print or Type) Gordana Luna 08/01/2014 Gordana Luna Secretary/Treasurer

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

2014-128

B & G proj. #:

				*** NON	Sub	8 ***		1 600 1	- 100			-		
Date of Notification	n (1)	I I Name	of Building Ow	2)		2014	AUG -5	5 P	<u> </u>	. 5	3			
10 18 1/10 11	1/1141		eter's Prep						, ,	II J	• 0.	5		
Agencies Notified	Type Notificati	on Street	Address								ni h			
☐ EPA ☐ DEP	▼ Initial		Grand Stre	et				4 1. KJ =	À .	NO	1.01			
X DOL	☐ Amendn		ate, Zip Code sey City, NJ	07302										
▼ DOH		Name o	f Contact				Telepho	ne Number			-0.00			
☐ DCA	Cancella	ition Ke	vin Albers		237000									
			FA	CILITY INFORM	IOITAN	N								
Name of facility w	here abatement is	taking place (3					Type of Facility							
Mulry Hall****	**(NON SUB 8	3)****						ol (K - 12) hapter 8 (O	ther t	han K	-12)			
Street Address					etine Atla			(Private/Co		rcial				
144 Grand S	treet						Square Feet	Bldgs./Homes, etc.						
City (5)		County (6)	William			unty Code (7) ate use only)	7)							
Jersey City,	NJ 07302	Hudson			(31	ate use only)	school non	227	g aen	iolisne	∋a)			
Name of Monitorin	ng Firm Hired by E	3ldg. Owner (8)		ASCM No.		Name of Abatement	Contractor (9)							
	80					B & G Restorat	ion, Inc.							
Street Address				***************************************		Street Address 105 Ryerson R	Road							
City, State, Zip Coo	de					City, State, Zip Code								
						Lincoln Park,	NJ 07035							
Project Manager fo	ber		Telephone Number (973)696-686	9	License 00	Numl 378	ber							
Scheduled Start Da	ata (10)	ISchod Con	pletion Date (11\	_	Name of OSHA Moni	itor		-					
08/12/2014	ate (10)	08/16/20		(1)		B & G Restorat	ion, Inc.							
						Street Address								
Occupancy Status	During Abatement d/vacated during				105 Ryerson R									
Abatement p	erformed outside	Continue to the state of the st			.	City, State, Zip Code								
Describe: Other-Descri	ibe: work shift	8:00am - 4:3	Opm		_	LincolnPark, N.	J 07035							
Scope of Work (ch	heck all that apply)												
☐ Demolition	X	Renovation				Full Containment w/neg	gative pressure	Gloveb	oag pi	ocedi	ле			
> 3 sf or $> 3 $ lf	X	≥160 sf or ≥260	If			Mini-enclosure		X Non-fr	iable	proce	dure			
Location of		Is location norr		ely				-	R	R	E	E		
asbestos-com material to b		by maintenano staff(12)	e/custodiai			asbestos-containing	Amount (Specify	SF or	m	р	n	n		
abated in fac	7702 Wester	Yes N	lo N/A	- material	(ACIVI)		LF)	T	o v	i	a	L		
Danie 242 (2-d	floor		X	VAT	0 1/10	otio	400 of		e	<u></u>	h	+		
Room 312 (3rd Room 212 (2nd			×				480 sf 480 sf		X	H	H	쑴		
Main Entrance	1 HOOF)		X	VAT 8		orway caulk	30 lf		X	H	H	H		
Main Entrance		-			01 00	orway baan			H	H	Ħ	厅		
			==	1					盲	i 一				
Registered Waste I		NJDEP Ha		Cubic Yards of	Waste						-			
B & G Restora	tion, Inc.	1956	3 Disposal	10 Date		Tullytown City, State	Resource & R	ecovery	Cen	ter				
City, State. Lincoln Park, I	NJ ·			3/18/2014	· · · · · · · · · · · · · · · · · · ·	Tullytown,	PA				y			
Completed by (Prin		Title Secretary/Tr	easurer	Signature	Gordana Luna Date 08/01/20					.014				

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2014-132

*** NON Sub 8 ***

Check # 6658

					17.55											
Date of Notification (1)	- 11	Name of Buil	ding Own	er/Operator (2)												
0 8 / 10 1 / 1 4		Township	of Hills	ide			2014 A	UG -5	PH	5: 5	3					
Agencies Notified Type Notifica	tion	Street Addres	ss													
EPA Initial		1409 Lib	erty Ave	enue					UUB	119	Ut.					
□ DEP □	11	City, State, Z	ip Code					LIVER								
■ DOL	Iment	Hillside,	NJ 0720	05				1								
DOH DO	The state of the s	Name of Con	tact				Telepho	ne Number	1							
□ DCA □ Cancel	lation	Anamar	ie Novo	a-Gomez (G	C)											
			FAC	LITY INFORMA	ATION	l										
Name of facility where abatement	is taking p	lace (3)	in decomplete				Type of Facility					B-050 - 1777 - 1				
Hillside Public Library ****	*(NON S	SUB 8)****						ol (K - 12) hapter 8 (C		nan K	-12)					
Street Address							X Other	(Private/C	omme		,					
1409 Liberty Avenue							Bldgs Square Feet	# of Floor		BI	dg. Ag	ge				
City (5)	Co	unty (6)			Cou	nty Code (7)										
Hillside .	U	nion			(Sta	(State use only) Current Use (Prior if being demolished) Public library										
Name of Monitoring Firm Hired by	Bldg. Ow	ner (8)		ASCM No.	\neg	Name of Abatement Contractor (9)										
N/A						B & G Restoration, Inc.										
Street Address						Street Address 105 Ryerson Ro	and	W			20111					
-01. 01. 7. O.d.						City, State, Zip Code	Jau									
City, State, Zip Code						Lincoln Park, N	J 07035									
Project Manager for Monitoring Fire	m	Pho	one Numb	er	-	Telephone Number		License	Numb	er						
						(973)696-6869		00	378							
Scheduled Start Date (10)	Sch	ed. Completio	n Date (1	1)	-	Name of OSHA Monit										
08/12/2014	08	/15/2014				B & G Restoration	on, inc.				_					
Occupancy Status During Abateme	ent (Check	only one)			-	105 Ryerson Road										
Facility closed/vacated durin	g entire pe	riod of abater				City, State, Zip Code										
Abatement performed outsid Describe:			s-													
Other-Describe: Work shift		1 - 4:30pm			=	LincolnPark, NJ	07035				-					
Scope of Work (check all that app	3500							_		25						
Demolition	NASSES.BARRO	tion			_	ull Containment w/neg	ative pressure	Glovei								
> <u>3</u> sf or > <u>3</u> If 	_					Mini-enclosure		■ Non-fr			_					
Location of		on normally unternance/cust					Amount		R	R	E n	E				
asbestos-containing, material to be	staff(12		1	Description material (sbestos-containing	(Specify	SF or	m	p	С	n c				
abated in facility (13)	Yes	No	N/A				LF)		v	ĭ	a p	L				
3 construction offices			X	VAT & Ma	stic		900 sf		X							
(southeast corner)												坦				
									10	므		旦				
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						T. 18 1. 1	ICII			Ш	Ш	Щ				
Registered Waste Hauler B & G Restoration, Inc.	NJ	DEP Hauler II 19563		ubic Yards of V 12	vaste		Resource & R	Recovery	Cent	er						
City, State Lincoln Park, NJ			Disposal Di	ate /18/2014	City, State Tullytown, PA					*						
Completed by (Print or Type) Gordana Luna	Title Secret	ary/Treasu	rer	Signature		Gordana Luna	Date 08/0	Date 08/01/2014								
	-	,				T. (2)			10/01/2014							

CK 008704

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Agencies Notified Type Notification Street Address 4.4 City of East Orange PA Alic -5 PM 5:5 Alic -5 PM 5:5 Alic -5	Date of Notification (1)				Building O		perator	(2)						_				
EPA Initial Amended Amended Amended City, State, Zip Code East Orange, NJ 07019 Name of Facility Where Abstement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) School (K-12) Subchaplare 8 (Other than K-12) Subchaplare 9 (Other than K-12)	August 1, 2014					ange			25	14 A	UG -5	P	1 5	: :				
City, State, Zip Code County Code (7) County Code (7) State Address Telephone No. Name of Monitoring Firm Iried by Building Owner (8) N/A State Date (10) N/		ation	1000			ıza								3' \	,			
DOH	DEP Initial Amend			City, State, Zip Code											-			
Same of Facility (Where Abatement is Taking Place (3) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Other (1e. private & commercial buildings, homes, etc.) Other (1e. private & commercial buildings, homes, etc., etc.) O	Emerg	ency (including				3 070		Telephone Number										
Name of Facility Where Abatement is Taking Place (3) Emergency Fire Burn-out house Street Address 311 William St City (6) East Orange, NJ County (6) Essex County (7) Subshaper 8 (Other than K-12) Subchaper 9 (Other Location of than than than than than than than than	DCA Gancel		_ 1															
Street Address 311 William St City (5) East Orange, NJ County (6) Essex County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address n/a City, State, Zip Code n/a Project Manager for Monitoring Firm n/a Scheduled Completion Date (11) Street Address Facility Closed/Vacated During Abatement (Check Only One) Scheduled Completion Date (11) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) Scope	Name of Facility Where Abatement is	Taking Place (3)		FACIL	ITY INFO	RMATIC	NC	Ту	pe of Facility (4)								
Street Address 311 William St City (5) East Orange, NJ County (6) Essex County (7) County (8) Essex County (8) Essex County (9) Essex County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address N/A Street Address N/A Street Address N/A Street Address N/A Telephone No. N/A Project Manager for Monitoring Firm N/A Start Date (10) N/A Scheduled Completion Date (11) N/A Scheduled Completion Date (11) N/A Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: Renovation Demolition Street Address 152 Rete 206 South City, State, Zip Code Hillsborough, NJ 08844 Project Manager for Monitoring Firm N/A Street Address 152 Rete 206 South City, State, Zip Code Hillsborough, NJ 08844 Project Manager for Monitoring Firm N/A Scope of Work (Check All That Apply) 23 sf or 23 lf 23 sf or 23 lf Demolition Scope of Work (Check All That Apply) 152 Renovation Demolition Description of Asbestos-Containing Material (ACM) Normally Uses Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Support State Subtractive & commercial buildings, homes, etc.) Square Feet # of Floors Bldg, Age 50+ Custodial Staff? (12) Project Manager for Monitoring Firm Normally N		The state of the s						П	School (K-12	2)						4		
County (6) East Orange, NJ County Code (7) Square Feet # of Floors Bidg. Age 50+	Street Address					8 (Other than K-12)												
East Orange, NJ County (6) County (5) County (5) Current Use (Prior if being demolished) Burnt -out unoccupied building	311 William St	N 10 10 10 10 10 10 10 10 10 10 10 10 10		etc.)														
County (6) Essex County Code (7) (STATE USE ONLY)	7 S ANT		jE ,							128000000	Floors							
Street Address Str					(7)					-	na domoli	abad	_)+				
Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address n/a Street Address 152 Route 206 South City, State, Zip Code n/a Project Manager for Monitoring Firm n/a Start Date (10) n/a Scheduled Completion Date (11) N/7/14 Project Manager for Monitoring Firm n/a Scheduled Completion Date (11) Name of Osbeth Monitor Yannuzzi Group, Inc. Street Address 152 Rote 206 South City, State, Zip Code Hillsborough, Nj 08844 Project Manager for Monitoring Firm Normally Used Solely by Maintenance/Custodial Staff? (12) Page of Work (Check All That Apply) Prull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatament Type Abatament																		
N/A Street Address n/a City, State, Zip Code n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Telephone No. n/a Telephone No. n/a Street Address 152 Route 206 South City, State, Zip Code Hillsborough, NJ 08844 Project Manager for Monitoring Firm n/a Telephone No. n/a Start Date (10) n/a Street Address Telephone No. n/a Street Address Telephone No. n/a Street Address License No. 01228 Start Date (10) Name of OSHA Monitor Yannuzzi Group, Inc. Street Address 152 Route 266 South City, State, Zip Code Hillsborough, NJ 08844 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Street Address 152 Rte 206 South City, State, Zip Code Hillsborough, NJ 08844 Scope of Work (Check All That Apply) Part of the Monitor Yannuzzi Group, Inc. Renovation Demolition Street Address 152 Rte 206 South City, State, Zip Code Hillsborough, NJ 08844 Scope of Work (Check All That Apply) Part of the Monitor Yannuzzi Group, Inc. Street Address 152 Rte 206 South City, State, Zip Code Hillsborough, NJ 08844 Scope of Work (Check All That Apply) Part of the Monitor Yannuzzi Group, Inc. Street Address 152 Rte 206 South City, State, Zip Code Hillsborough, NJ 08844 Scope of Work (Check All That Apply) Part of the Monitor Yannuzzi Group, Inc. Street Address 152 Rte 206 South City, State, Zip Code Hillsborough, NJ 08844 Scope of Work (Check All That Apply) Part of the Monitor Yannuzzi Group, Inc. Abatement Type Abatement Systems insulation, Syr of the Monitor Yannuzzi Group, Inc.		Iding Owner (8)		ASCM	No.		Name						-	-				
152 Route 206 South City, State, Zip Code n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Telephone No. n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Telephone No. 908-218-0880 01228 Scheduled Completion Date (11) Name of OSHA Monitor Yannuzzi Group, Inc. Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abateme		, ,				Yanı	nuz	zi Group, Ind	c.	.,								
City, State, Zip Code n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Telephone No. n/a Scheduled Completion Date (11) Name of OSHA Monitor Yannuzzi Group, Inc. Occupancy Status During Abatement (Check Only One) Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Hillsborough, NJ 08844 Start Date (10) Name of OSHA Monitor Yannuzzi Group, Inc. Street Address 152 Rte 206 South City, State, Zip Code Hillsborough, NJ 08844 Start Date (10) Name of OSHA Monitor Yannuzzi Group, Inc. Street Address 152 Rte 206 South City, State, Zip Code Hillsborough, NJ 08844 Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 if ≥ 160 sf or ≥260 if Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A City, State, Zip Code Hillsborough, NJ 08844 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exe	Street Address					-												
n/a Project Manager for Monitoring Firm n/a Telephone No. n/a Telephone No. n/a Telephone No. n/a Start Date (10) n/a Scheduled Completion Date (11) 8/7/14 Name of OSHA Monitor Yannuzzi Group, Inc. Street Address 152 Rte 206 South City, State, Zip Code Hillsborough, Nj 08844 Scope of Work (Check All That Apply) 3 sf or ≥3 If ≥160 sf or ≥260 lf Asbestos-Containing Material (ACM) In Facility (13) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Telephone No. 17elephone No. 1908-218-0880 Discheduled Completion Date (11) Name of OSHA Monitor Yannuzzi Group, Inc. Street Address 152 Rte 206 South City, State, Zip Code Hillsborough, Nj 08844 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Abatement Type Telephone No. 101228 Street Address 152 Rte 206 South City, State, Zip Code Hillsborough, Nj 08844 Scope of Work (Check All That Apply) Sale of ≥3 If Sale of ≥3 If Sale of ≥260 If Sale of ≥260																		
n/a 908-218-0880 01228 Start Date (10) n/a 8/7/14 Name of OSHA Monitor Yannuzzi Group, Inc. Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of OSHA Monitor Yannuzzi Group, Inc. Street Address 152 Rte 206 South City, State, Zip Code Hillsborough,Nj 08844 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type	100	n/a								844								
n/a Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 lf Renovation Demolition Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Custodial Staff? (12) Yes No N/A Yannuzzi Group, Inc. Street Address 152 Rte 206 South City, State, Zip Code Hillsborough,Nj 08844 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Custodial Staff? (12) Yes No N/A N/A			A 8		e No.		1000000					No.						
Street Address 152 Rte 206 South	Start Date (10)								과 유명 회사 (1000) (1000) (1000)									
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Abatement Type Custodial Staff? (12) Yes No N/A N/A 152 Rte 206 South City, State, Zip Code Hillsborough,Nj 08844								100	c.									
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Abatement Type Asbestos-Containing Material (ACM) In Facility (13) Yes No N/A Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Amount (Specify SF or LF) SF or LF) Se B B B B B B B B B B B B B B B B B B B)																
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Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	Name of Registered Waste Hauler	N	JDEP Wa	aste	Cubic	Yards		Name of F	Registe	ered Land	fill							
Yannuzzi Group, Inc Hauler ID No. of Waste 400 IESI	Vannutti Craun Ina				No.	1 2 CONTRACTOR	ste											
City, State Disposal Date City, State								6. 6.		D.A.								
			8/5/14				Bethlehem, PA											
Completed by John Mucha Title Project Manager Signature 8/1/14	State of the state	W (1977)	ct Ma	anager		S	signatur		1			- 120						

* Do not use this form for asbestos licensure exempted activities.